


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90027 005 \*\*\*150.00

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| <b>DOCUMENT # 611707</b><br>1. Entity Name<br><b>SCHULL BUILDERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                     |                                                                                                                                                                                                                                    |                                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br><b>3588 N. HARBOR CITY BLVD<br/>MELBOURNE, FL 32935 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                                                     | Mailing Address<br><b>3588 N. HARBOR CITY BLVD<br/>MELBOURNE, FL 32935 US</b>                                                                                                                                                      |                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br><b>3939 St. Armens Circle</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | 3. Mailing Address<br><b>Post Office Box 360893</b><br>Suite, Apt. #, etc.                                          |                                                                                                                                                                                                                                    |                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
| City & State<br><b>Melbourne, FL</b><br>Zip<br><b>32934</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | City & State<br><b>Melbourne, FL</b><br>Zip<br><b>32936-0893</b>                                                    |                                                                                                                                                                                                                                    | 4. FEI Number<br><b>59-2058453</b>                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        | Country<br><b>USA</b>                                                                                               |                                                                                                                                                                                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCHULL, GARY W.<br/>3939 ST. ARMENS CY<br/>MELBOURNE, FL 32934</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br><b>Deborah A. Schull</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3939 St. Armens Circle</b><br><b>Melbourne</b><br>City <b>FL</b> Zip Code <b>32934</b> |                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <i>Deborah A. Schull</i> <span style="float: right;">March 11, 2005</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                       |                                                                                                                        |                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                    |                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PD<br/>SCHULL, GARY W<br/>3939 ST. ARMENS CT<br/>MELBOURNE, FL 32934</b> <input checked="" type="checkbox"/> Delete           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>                                                                                |                                                                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                     | <b>PD<br/>SCHULL, GARY W<br/>3939 ST. ARMENS CT<br/>MELBOURNE, FL 32934</b> <input checked="" type="checkbox"/> Delete |  |  |  |  |  |  |  |  |  |  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr> <td> <b>PSD<br/>Schull, Deborah A.<br/>3939 St. Armens Circle<br/>Melbourne, FL 32934</b> </td> <td> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>PSD<br/>Schull, Deborah A.<br/>3939 St. Armens Circle<br/>Melbourne, FL 32934</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |  |  |  |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PD<br/>SCHULL, GARY W<br/>3939 ST. ARMENS CT<br/>MELBOURNE, FL 32934</b> <input checked="" type="checkbox"/> Delete |                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                        |                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE: <i>Deborah A. Schull</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                                                                                                     | March 11, 2005 (321) 255-9915<br><small>Date Daytime Phone #</small>                                                                                                                                                               |                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                |                                                                   |                                                                                      |                                                                              |  |  |  |  |  |  |  |  |  |  |