


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

|   |  |
|---|--|
| DOCUMENT # 612314<br>1. Entity Name<br><b>FLORIDA PROFESSIONAL BUILDERS, INC.</b> |  |
|---|--|

|   |  |
|---|--|
| Principal Place of Business<br><b>3730 NEW TAMPA HWY<br/>         LAKELAND, FL 33815 US</b> | Mailing Address<br><b>3730 NEW TAMPA HWY<br/>         LAKELAND, FL 33815</b> |
|---|--|



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1899742</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>REGISTER, LESTER D JR<br/>         3730 NEW TAMPA HWY<br/>         LAKELAND, FL 33815</b> |
|---|

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS                      |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | V<br>REGISTER, LESTER D JR<br>PO BOX 1278<br>BOCA GRANDE, FL 33921 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | P<br>GARD, MARK J.<br>5925 SPRING LAKE DR<br>LAKELAND, FL          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | ST<br>BUTLER, MICHAEL<br>511 HOWARD AVE<br>LAKELAND, FL 33815      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  |

**DO NOT WRITE IN THIS SPACE**

100000382631  
 01/12/06-80025-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* *[Signature]* *[Signature]* *[Signature]* *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #