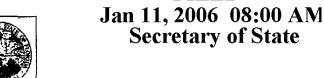
2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #612314



1. Entity Name FLORIDA PROFESSIONAL BUILDERS, INC. Principal Place of Business Mailing Address 3730 NEW TAMPA HWY 3730 NEW TAMPA HWY



FILED

DO NOT WRITE IN THIS SPACE

LAKELAND, FL 33815

No Chg-P 01052006 CR2E034 (11/05)

4. FEI Number Applied For 59-1899742 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

REGISTER, LESTER D JR 3730 NEW TAMPA HWY LAKELAND, FL 33815

LAKELAND, FL 33815

DO NOT WRITE IN THIS SPACE

				***	11110 01 /1011
8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	surpose of changing its regis	stered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	t annicable INOTE Rech	stated Ament signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be	CATE
10.	OFFICERS AND DIREC	TÓRS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REGISTER, LESTER D JR PO BOX 1278 BOCA GRANDE, FL 33921				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARD, MARK J. 5925 SPRING LAKE DR LAKELAND, FL				U00000382691 01/12/06-80025-005 150:00
TITLE NAME STREET ADDRESS GITY-ST-ZIP	ST BUTLER, MICHAEL 511 HOWARD AVE LAKELAND, FL 33815			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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

SIGNATURE:

CITY-ST-ZIP