FILED
Feb 26, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 639803

1. Entity Name
DESIGN-BUILD SYSTEMS, INC.

Principal Place of Business	Mailing Address
331 GREEN ACRES RD FT WALTON BEACH, FL 32547 US	331 GREEN ACRES RD FT WALTON BEACH, FL 32547 US

DO NOT WRITE IN THIS SPACE

02222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2923024

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, JOHN KEY III
331 GREEN ACRES RD
FT WALTON BEACH, FL 32547

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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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000244723
02/26/05-80032-006 158.75

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	BARRETT, MARK R.
STREET ADDRESS	381 ANGELA LN.
CITY-ST-ZIP	MARY ESTHER, FL
TITLE	SD
NAME	J. KEY GRIFFIN, III
STREET ADDRESS	3180 PINS LANE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	TD
NAME	JOHN T. SNELL
STREET ADDRESS	4503 S. BRISTOL CT.
CITY-ST-ZIP	NICEVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mark R. Barrett 2/22/05 (850) 862-4212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #