

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 24, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 655451**

1. Entity Name  
**DEXTER BUILDERS, INC.**



Principal Place of Business

**400 DOUGLAS AVENUE  
DUNEDIN, FL 34698**

Mailing Address

**400 DOUGLAS AVENUE  
DUNEDIN, FL 34698**



02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1975805**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEXTER, TIMOTHY J.  
400 DOUGLAS AVENUE  
DUNEDIN, FL 34698**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEXTER, TIMOTHY J 720 MANOR DRIVE WEST DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEXTER, MARK W 331 PINEAPPLE TARPON SPRINGS, FL 34689
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000000241284  
02/24/05-80038-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05

Date

727-733-0238

Daytime Phone #