

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90070 006 \*\*\*150.00

**DOCUMENT # 684693**

1. Entity Name

**BUILDER'S RELATED SERVICES, INC.**



Principal Place of Business

**505-A HOOPER DRIVE  
FT WALTON BEACH FL 32548-4056**

Mailing Address

**505-A HOOPER DRIVE  
FT WALTON BEACH FL 32548-4056**

2. Principal Place of Business

**1339B Greenacres Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 490**

Suite, Apt. #, etc.

City & State

**Fort Walton Beach, FL**

City & State

**Fort Walton Beach, FL**

Zip  
**32547**

Country  
**USA**

Zip  
**32549**

Country  
**USA**

4. FEI Number

**59-2257904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CARNATHAN, CLAY M  
505-A HOOPER DRIVE  
FT WALTON BEACH FL 32548-4056**

7. Name and Address of New Registered Agent

Name

**Clay M. Carnathan**

Street Address (P.O. Box Number is Not Acceptable)

**149 Linstew Drive**

City

**Fort Walton Beach**

**FL**

Zip Code  
**32548**

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

**Clay M. Carnathan 3/23/04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CARNATHAN, CLAY M  
STREET ADDRESS 505-A HOOPER DRIVE  
CITY-ST-ZIP FT WALTON BEACH FL 32548-4056

TITLE VSD ☐ Delete  
NAME CARNATHAN, JO ELLEN  
STREET ADDRESS 505-A HOOPER DRIVE  
CITY-ST-ZIP FT WALTON BEACH FL 32548-4056

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Clay M. Carnathan  
STREET ADDRESS 149 Linstew Drive  
CITY-ST-ZIP Fort Walton Beach, FL 32548

TITLE VSD ☒ Change ☐ Addition  
NAME Jo Ellen Carnathan  
STREET ADDRESS 169 NW Beal Parkway  
CITY-ST-ZIP Fort Walton Beach, FL 32548

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Clay M. Carnathan 3/23/04 850-423-0401**

Date

Daytime Phone #