

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007161

FILED  
Feb 10, 2005  
Secretary of State

Entity Name: JOHN VRATSINAS COMMERCIAL BUILDERS, INC.

**Current Principal Place of Business:**

604 LOCUST  
1110  
DES MOINES, IA 50309

**New Principal Place of Business:**

1701 48TH ST  
SUITE 200  
WEST DES MOINES, IA 50266

**Current Mailing Address:**

P.O. BOX 7110  
DES MOINES, IA 50309

**New Mailing Address:**

FEI Number: 42-1510760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: VRATSINAS, JOHN  
Address: 604 LOCUST ST, STE 1110  
City-St-Zip: DES MOINES, IA 50309

Title: VD ( ) Delete  
Name: ZORKH, KURT M  
Address: 604 LOCUST ST, STE 1110  
City-St-Zip: DES MOINES, IA 50309

Title: VD ( ) Delete  
Name: SCHLAPKOHL, DARREN D  
Address: 604 LOCUST ST, STE 1110  
City-St-Zip: DES MOINES, IA 50309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CP (X) Change ( ) Addition  
Name: VRATSINAS, JOHN  
Address: PO BOX 7110  
City-St-Zip: DES MOINES, IA 50309

Title: VD (X) Change ( ) Addition  
Name: ZORIC, KURT M  
Address: PO BOX 7110  
City-St-Zip: DES MOINES, IA 50309

Title: VD (X) Change ( ) Addition  
Name: SCHLAPKOHL, DARREN D  
Address: PO BOX 7110  
City-St-Zip: DES MOINES, IA 50309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN VRATSINAS

CP

02/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date