


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 17 AM 11:26

DOCUMENT # F02004 1. Entity Name MCSWAIN & ASSOCIATES BUILDERS, INC.	
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Principal Place of Business 1814 COMMERCE AVENUE SUITE D VERO BEACH, FL 32960	Mailing Address PO BOX 1029 FT. PIERCE, FL 34954
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**REINSTATEMENT** 05



09092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2039375	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCSWAIN, RONALD PO BOX 1029 FORT PIERCE, FL 34954 7407 CITRUS PARK BLVD FT. PIERCE, FL 34951
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**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 <u>RONALD MCSWAIN</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Ronald McSwain</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE <u>10/8/05</u>

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MCSWAIN, RONALD 6703 DELAND AVENUE 7407 CITRUS PARK BLVD FORT PIERCE, FL 349511345
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALKER, HEATHER M 6246 4TH LANE 11618 OLEANDER BLVD VERO BEACH, FL 32968 FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(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:

Ronald McSwain  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/05 (772) 978 6435  
Date Daytime Phone #