## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2005 8:00 am **Secretary of State** DOCUMENT # F11980 1. Entity Name 02-14-2005 90057 034 \*\*\*150.00 CORNELIO BUILDERS, INC. Principal Place of Business Mailing Address 4751 NE OCEAN BLVD, UNIT #3 JENSEN BEACH FL 34957 US 4751 NE OCEAN BLVD, UNIT #3 JENSEN BEACH FL 34957 US 40018266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2050173 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 4751 NE OCEAN BLUP CORNELIO, GERTRUDE B Street Address (P.O. Box Number is Not Acceptable) UNITE 3 Jensen Beach, FL <del>612 N SEAGULL CIRC</del>LE MICCO-FL-32976 Zip Code 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 (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1: 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Defete TITLE ☐ Change ☐ Addition CORNELIO, RICHARD NAME NAME 4715 NE OCEAN BLVD #3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME CORNELIO, KENNETH NAME STREET ADDRESS 39 ROSE COURT STREET ADDRESS CITY-ST-ZIP **ROCKY HILL CT** CITY-ST-ZIP ☐ Delete THILE TITLE ☐ Change ☐ Addition NAME CORNELIO, GERTRUDE B NAME STREET ADDRESS STREET ADDRESS 4751 NE OCEAN BLVD #3 CITY-ST-ZIF JENSEN BEACH FL 34957 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED

Daytime Phone #