
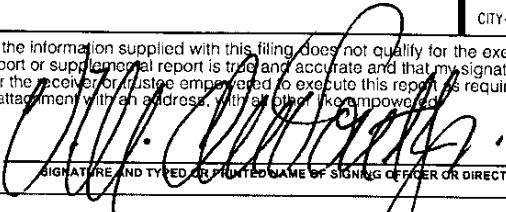


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 006 ***150.00

DOCUMENT # G67170			
1. Entity Name DUPONT BUILDERS, INC.			
Principal Place of Business 13670 METROPOLIS AVE., STE 101 FORT MYERS, FL 33912 US		Mailing Address 13670 METROPOLIS AVE., STE 101 FORT MYERS, FL 33912 US	
2. Principal Place of Business 6442 Commerce Park Dr		3. Mailing Address 6442 Commerce Park Dr	
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc. SUITE 1	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33912		Country USA	
4. FEI Number 59-2359957		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUPONT, VICTOR M. 5695 SHADDELEE LN FT MYERS, FL 33919		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, VICTOR M	NAME	
STREET ADDRESS	5695 SHADDELEE LN	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL	CITY-ST-ZIP	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, NANCY	NAME	
STREET ADDRESS	5695 SHADDELEE LANE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, title or other information.			
SIGNATURE: 		Date: 1/19/06	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 239-561-6779	