


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90025 001 ***300.00

DOCUMENT # G67170	
1. Entity Name DUPONT BUILDERS, INC.	

Principal Place of Business 6442 COMMERCE PARK DR STE 1 FORT MYERS FL 33912 US	Mailing Address 6442 COMMERCE PARK DR STE 1 FORT MYERS FL 33912 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 59-2359957	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

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
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. (NOT: Registered Agent signature required when resigning)) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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**

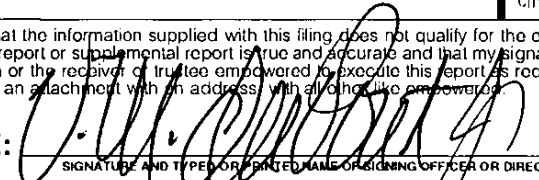
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DUPONT, VICTOR M 5695 SHADDELEE LN FT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST DUPONT, NANCY 5695 SHADDELEE LANE FT MYERS FL <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowerments.

SIGNATURE:  DATE: **2-28-07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #