


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G77742**  
1. Entity Name  
**JOHN LLOYD BUILDERS, INC.**



Principal Place of Business      Mailing Address  
9432 US #1      9432 US #1  
SEBASTIAN, FL 32958 US      SEBASTIAN, FL 32958 US

**DO NOT WRITE IN THIS SPACE**



01072005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
59-2369070      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MARINE, CHRISTOPHER H.  
979 BEACHLAND BLVD  
VERO BEACH, FL 32963

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable      (NOTE Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LLOYD, JOHN A.
STREET ADDRESS	9432 US #1
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	DS
NAME	LLOYD, ELLEN D.
STREET ADDRESS	9432 US #1
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000178090  
01/12/05-80014-007 150.00

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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: Ellen Lloyd      Date: 1/12/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #