2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # G96459

1. Entity Name

STUART SOUTH BUILDERS, INC.

Principal Place of Business	Mailing Address
6301 SE FEDERAL HWY STUART FL 34997 US	POB 2970 STUART FL 34995 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2411531 ☐ Applied For ☐ Not Applicat

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, JEFFREY
6301 SE FEDERAL HWY
STUART FL 34997

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 acc the obligations of registered agent.

SIGNATURE ____________
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add
NAME	BASHANT, GERALD W., SR.		NAME	U00000536024
STREET ADDRESS	6301 SE FEDERAL HWY		STREET ADDRESS	05/08/06-90077-005 150.00
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	
TITLE	VT	☐ Delete	TITLE	☐ Change ☐ Add
NAME	DOUGHERTY, JEFFREY P		NAME	
STREET ADDRESS	6301 SE FEDERAL HWY		STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Add
NAME	KNOTT, PAMELIA J		NAME	
STREET ADDRESS	6301 SE FEDERAL HWY		STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
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 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 empowered.

SIGNATURE: Pamela J. Knott PAMELA J. KNOTT 4-21-06 772-288-Old
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Ph