## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

## Feb 16, 2005 8:00 am **Secretary of State** DOCUMENT # H13558 1. Entity Name 02-16-2005 90045 006 \*\*\*150.00 BUILDER'S LUMBER & SUPPLY, INC. Mailing Address Principal Place of Business C/O JACK B. SPITLER 3806 PROGRESS AVENUE NAPLES FL 34104 C/O JACK B. SPITLER 3806 PROGRESS AVENUE NAPLES FL 33942 ママチルロゴロ 2. Principal Place of Business 3. Mailing Address 3806 PROGRESS Suite, Apt. #, etc. 3806 PROGRESS Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) A City & State City & State Applied For 4. FEI Number 59-2441886 FL NAPLES FI JJ9AN Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired us Fee Required <u>70175</u> 341<u>04</u> 45 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD LANE SPITLER, JACK B. Street Address (P.O. Box Number is Not Acceptable) 3806 PROGRESS AVENUE PROGRESS NAPLES FL 34104 Zip Code 34104 MAPLES 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 egistered agent. <u>02-10-05</u> (NOTE: Registered Agent signature required when reinstating) igent and title if applicable 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Addition THILE TITLE Defete SPITLER, JACK B. RICHARD LANE NAME NAME 8691 IBIS COUR CIRCLE STREET ADDRESS 27091 HARBOR DRIVE STREET ADDRESS CITY-ST-7IP **BONITA SPRINGS FL 34135** CITY-ST-ZIP NAPLES ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 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 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.

FILED

ICHOID H. LANEDZ-10-D3 643 - 3299