

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H58941

1. Entity Name
PAR BUILDERS II, INC.



Principal Place of Business

3350 ULMERTON RD
UNIT 4
CLEARWATER, FL 33762 US

Mailing Address

3350 ULMERTON RD
UNIT 4
CLEARWATER, FL 33762 US

FILED

05 JAN 28 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2539710

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LYONS, GARY
311 S MISSOURI AVE.
CLEARWATER, FL 34616-6919

**DO NOT WRITE
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 title 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 | PSD |
| NAME | CIARAVINO, JEROME |
| STREET ADDRESS | 3350 ULMERTON RD #4 |
| CITY-ST-ZIP | CLEARWATER, FL |
| TITLE | T |
| NAME | CIARAVINO, JEROME |
| STREET ADDRESS | 3350 ULMERTON RD #4 |
| CITY-ST-ZIP | CLEARWATER, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

300046018673
02/04/05--01013--019 **150.00

**DO NOT WRITE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #