

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H63921

1. Entity Name ARMCO BUILDERS, INC. OF CLAY COUNTY

3620 PEORIA ROAD ORANGE PARK, FL 32065 U

Principal Place of Business

Mailing Address

3620 PEORIA ROAD ORANGE PARK, FL 32065

US

FILED Jan 23, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01092007 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2544442

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, JOHN 8 1530 BUSINESS CENTER DR STE 4 ORANGE PARK, FL 02003

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	oing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WRIGHT, LESLIE, JOHN 3620 PEORIA RD ORANGE PARK, FL 32065				000000598991 01/25/07-80009-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 the report is 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 life empower of the corporation of t

SIGNATURE: _

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

1117107

Dayline Phone #