

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H83011

1. Entity Name
PRUETT BUILDERS, INC.



Principal Place of Business
3801 BEE RIDGE RD
STE 8
SARASOTA, FL 34233 US

Mailing Address
3801 BEE RIDGE RD
STE 8
SARASOTA, FL 34233 US

FILED

2007 MAY 11 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2767024

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRUETT, BRIAN J.
4917 OLD CREEK DR
SARASOTA, FL 34233

**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, 2007 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	PRUETT, BRIAN J.
STREET ADDRESS	4917 OLD CREEK DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	PRUETT, DEBORAH H
STREET ADDRESS	4917 OLD CREEK DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700103521217
05/30/07--01021--022 **200.00

**DO NOT WRITE
IN THIS SPACE**

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 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 #

6/21/07