


FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90004 032 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J88968 1. Entity Name FS BUILDERS AND ASSOCIATES, INC.	
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Principal Place of Business 136 N TAMIAMI TRAIL OSPREY, FL 34229 US	Mailing Address 5961 CATTLEMEN LANE SARASOTA, FL US
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DO NOT WRITE IN THIS SPACE

40107552



02012008 No Chg-P CR2E034 (11/05)

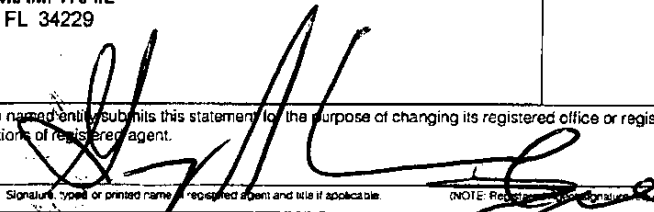
4. FEI Number 65-0034392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIRCONE, GARY J.
136 N TAMIAMI TRAIL
OSPREY, FL 34229

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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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature and name containing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

RECEIVED
ACCOUNT MANAGEMENT #1
08 MAY -6 AM 8:15

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIRCONE, GARY J. 136 N TAMIAMI TR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRCONE, WENDY 136 N TAMIAMI TR OSPREY, FL 34229
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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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR