


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90102 034 ***150.00

DOCUMENT # K52792	
1. Entity Name BUILDERS CHOICE SOUTHEAST, INC.	

Principal Place of Business 11 HARBOR OAKS CIRCLE SAFETY HARBOR FL 34695 US	Mailing Address 11 HARBOR OAKS CIRCLE SAFETY HARBOR FL 34695 US
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2. Principal Place of Business 485 Lakeview Dr.	3. Mailing Address 485 Lakeview Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34683	Zip 34683
Country Pinellas	Country Pinellas



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent DAVIDSON, LLOYD T 1172 BROWNELL STREET CLEARWATER FL 34616	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RISBERG, ROGER W 11 HARBOR OAKS CIR. SAFETY HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 485 Lakeview Drive Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RISBERG, JANICE E 11 HARBOR OAKS CIR SAFETY HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 485 Lakeview Drive Palm Harbor, FL 34683
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janice E. Risberg Sec. / Treas. **4-16-04 (727) 789-3555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #