2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# L24994

Entity Name: LEE DAVENPORT BUILDERS, INC.

Current Principal Place of Business:

6459 NW FAGON ST
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

6459 NW FAGAN ST
PORT ST. LUCIE, FL 34986

Current Mailing Address:

6459 NW FAGON ST
338 NE GREENBRIAR AVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

6459 NW FAGAN ST
PORT ST. LUCIE, FL 34986

FEI Number: 65-0153629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVENPORT, LESLIE GENE
6459 NW FAGAN ST.
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LESLIE GENE DAVENPORT
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: DAVENPORT, JOHNATHAN R
Address: 6459 NW FAGAN ST.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S ( ) Delete
Name: DAVENPORT, JOY V
Address: 6459 NW FAGAN ST
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P ( ) Delete
Name: DAVENPORT, LESLIE G
Address: 6459 NW FAGAN ST
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE GENE DAVENPORT P 01/31/2005
Electronic Signature of Signing Officer or Director Date