

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90031 046 ***150.00

DOCUMENT # L45452 1. Entity Name OLDE TYME BUILDERS, INC.					
Principal Place of Business % JAMES E. MOORE, III 1625 W. MARION AVE., SUITE 2 PUNTA GORDA, FL 33950-5295			Mailing Address % JAMES E. MOORE, III 1625 W. MARION AVE., SUITE 2 PUNTA GORDA, FL 33950-5295		
2. Principal Place of Business 1107 W. Marion Ave. Suite, Apt. #, etc. Ste. 112 City & State Punta Gorda, FL Zip 33950		3. Mailing Address 1107 W. Marion Ave. Suite, Apt. #, etc. Ste. 112 City & State Punta Gorda, FL Zip 33950			
Country Charlotte		Country Charlotte		4. FEI Number 65-0169054	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOORE, JAMES E., III 1625 W. MARION AVE SUITE 2 PUNTA GORDA, FL			7. Name and Address of New Registered Agent Name MOORE, JAMES E. III Street Address (P.O. Box Number is Not Acceptable) 1107 W. MARION AVE. STE. 112 City PUNTA GORDA		
State FL			Zip Code 33950		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BOUDREAU, ROBERT C. STREET ADDRESS 63 TROPICANA DR. CITY-ST-ZIP PUNTA GORDA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BOUDREAU, LISA STREET ADDRESS 63 TROPICANA DR. CITY-ST-ZIP PUNTA GORDA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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: <u>Robert Boudreau</u> Robert Boudreau <u>2/9/04</u> (941) 637-8299					