2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L46042

Entity Name: BUILDER'S PROPERTIES, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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320 CORPORATE WAY 1896 MYRTLE LANE

300 ORANGE PARK, FL 32003 US

ORANGE PARK, FL 32073 US

Current Mailing Address: New Mailing Address:

320 CORPORATE WAY P.O. BOX 8240

300 ORANGE PARK, FL 32006 US ORANGE PARK, FL 32073 US

FEI Number: 59-2994079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVID CRAWFORD, JOHN 1896 SALT MYRTLE LANE ORANGE PARK, FL 32003 US

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition Name: CRAWFORD, MICHAEL D Name: CRAWFORD, MICHAEL D

Address: 769 CHERRY GROOVE RD Address: 2705 RIVERSIDE AVE
City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: JACKSONVILLE, FL 32205

Title: VS () Delete Title: () Change () Addition

 Name:
 CRAWFORD, JOHN DAVID,
 Name:

 Address:
 1896 SALT MYRTLE LANE
 Address:

 City-St-Zip:
 ORANGE PARK, FL
 City-St-Zip:

Name:CRAWFORD, NANCY JName:CRAWFORD, NANCY JAddress:320 CORPORATE WAY, STE 300Address:1896 SALT MYRTLE LANECity-St-Zip:ORANGE PARK, FL 32073City-St-Zip:ORANGE PARK, FL 32003

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: MICHAEL D. CRAWFORD PRES 04/30/2005