

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90027 034 ***158.75

DOCUMENT # M70681	
1. Entity Name BUILDERS PLUS, INC.	

Principal Place of Business 105 COMMERCE ROAD BOYNTON BEACH FL 33426 US	Mailing Address 105 COMMERCE ROAD BOYNTON BEACH FL 33426 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 65-0034265	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CIPYAK, JON L. 105 COMMERCE ROAD BOYNTON BEACH FL 33426

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 _____ (Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELD, JOHN N. BUILDERS PLUS, INC.-105 COMMERCE ROAD BOYNTON BEACH FL 33426 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIPYAK, JON L IV BUILDERS PLUS, INC.-105 COMMERCE ROAD BOYNTON BEACH FL 33426 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CIPYAK, JON L IV 105 COMMERCE ROAD BOYNTON BEACH FL 33426 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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FLORIDA

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **DATE** _____ **Digitized Phone #** _____