2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # M87133 CKLEY, BUILDER, INC.		Mar 12, 2005 08:00 An Secretary of State						
Principal Place of Business 15414 JUPITER FARMS RD.		Mailing Address 15414 JUPITER FARMS RD.				• • • • •			•
UPITER FL	33478	JUPITER FL 33478 US							
2. Principal P	Place of Business	3. Mailing Address	- · · · - · · · · · · · · · · · · · · ·		}				
Suite, Apt. #, etc.		Suite, Apt. #, etc			15	t MOORE	CR2E034	(10/04)	
City & State		City & State			4. FEI Numb	er 65-006090)5		pplied For ot Applicable
Zip	Country	Zip Country		ry .	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current				None	7. Name and Address of New Registered Agent				
MIC	KLEY, MAX A.			Name					_
154	14 JUPITER FARMS RD PITER FL 33458	_		Street Address (P.O. Box Number is Not Acceptable)					
			}	City			FL	Zip Cod	ie
8. The above	named entity submits this statement for	or the purpose of changing it	ts registere	d office or registe	ered agent, or bo	oth, in the State of F		lamiliar with	, and accept
	tions of registered agent	, , ,	-						
SIGNATURE.	Signature, typed or printed name of registered agent	rand (mail applicable TNC)	TE Registered	Agent signature require	od when reinstatmon		DATE		
F	ILE NOW!!! FEE IS \$150.00				,				
After	May 1, 2005 Fee Will Be \$550.00					9. Election Cam Trust Fund Co			.00 May Be led to Fees
Make Check	k Payable to Florida Department of OFFICERS AND		11.		ADDITIONS	CHANGES TO OF	EICERS AND	DIRECTOR	2S IN 11
TITLE	D	Delete	ग्राह	_ 	ABBITTON	1011414020100	11021107412	☐ Change	Addition
NAME	MICKLEY, MAX A.		NAME			U0 0000	260494		
STREET ADORESS CHY-ST-ZIP	15414 JUPITER FARMS RD. JUPITER FL _			I ADDRESS ST-ZIP		03/12/05-	80026-0	19 150.	.00
TITLE	D	☐ Delete	πηξ					☐ Change	Addition
NAME	MICKLEY, W. HELEN		NAME	I ADDRESS					
STREET ADDRESS CITY-ST-ZIP	15414 JUPITER FARMS RD. JUPITER FL		1	ST-ZIP					
TITLE		☐ Delete	IITLE		- ·	··		☐ Change	☐ Addition
NAME STREET ADDRESS			NAME CIREE	T ADDRESS					
CITY-ST-ZIP			•	\$1- ZIP					
TITLE		☐ Delete	, TITLE					☐ Change	Addition
NAME CIDEET ADODECES			NAME CIDES	T ADDRESS					
CITY-ST-ZIP				SI-ZIP					
IIITE		Delete	ŢΙΤŁF					☐ Change	Addition
NAME STREET ADDRESS			NAME	1 ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		Delete	TITLE	·· -	······································	<u></u>		☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-7IP				T ADDRESS ST- ZIP		•			
indicated	certify that the information supplied with lon this report or supplemental report i	is true and accurate and that	my signat	tre shall have the	same legal effe	ct as if made unde	roalh:that∃a	am an office	r or director
of the cor	roration or the <u>receiver</u> or trustee emp , or on an attachment with an address,	powered to execute this repor	rt ás require	ed by Chapter 60	7, Florida Statut	es, and that my na	me appears ir	n Block 10 c	or Block 11 if

FILED