

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025216

FILED
Mar 11, 2009
Secretary of State

Entity Name: CHOICE BUILDERS CORPORATION

Current Principal Place of Business:

13374 RUFFED GROUSE RD
BROOKSVILLE, FL 34614

New Principal Place of Business:

9271 LONG LAKE AVENUE
BROOKSVILLE, FL 34613

Current Mailing Address:

13374 RUFFED GROUSE RD
BROOKSVILLE, FL 34614

New Mailing Address:

9271 LONG LAKE AVENUE
BROOKSVILLE, FL 34613

FEI Number: 59-3642553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFKE, TIMOTHY H
13374 RUFFED GROUSE RD
BROOKSVILLE, FL 34614 US

Name and Address of New Registered Agent:

HAFKE, TIMOTHY H
9271 LONG LAKE AVENUE
BROOKSVILLE, FL 34613 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:

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HAFKE, TIMOTHY H
Address: 13374 RUFFED GROUSE RD
City-St-Zip: BROOKSVILLE, FL 34614

Title: 1V () Delete
Name: HAFKE, MAUREEN
Address: 13374 RUFFED GROUSE RD
City-St-Zip: BROOKSVILLE, FL 34614

Title: 2VP (X) Delete
Name: WHITE, TOMMIE
Address: 13374 RUFFED GROUSE RD
City-St-Zip: BROOKSVILLE, FL 34614

Title: 3VP (X) Delete
Name: TODD, RON
Address: 9043 MICHIGAN
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: HAFKE, TIMOTHY H
Address: 9271 LONG LAKE AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

Title: 1V (X) Change () Addition
Name: HAFKE, MAUREEN
Address: 9271 LONG LAKE AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

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 exemption stated in Chapter 119, 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: TIMOTHY H HAFKE

DPST

03/11/2009

Electronic Signature of Signing Officer or Director

Date