


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 043 ***150.00

DOCUMENT # P00000082648	
1. Entity Name BIRDSALL BUILDERS, INC.	

Principal Place of Business 10380 VANDERBILT DRIVE NAPLES, FL 34108	Mailing Address P. O. BOX 110237 NAPLES, FL 34108
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30060458



2. Principal Place of Business 696 98th AVE. N.	3. Mailing Address PO BOX 110237
Suite, Apt. #, etc.	Suite, Apt. #, etc. NAPLES, FL

08032005 Chg-P CR2E034 (10/03)

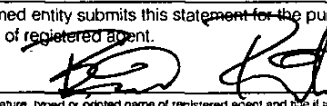
City & State NAPLES	City & State
Zip FL	Country COLLIER
Zip 34108	Country COLLIER

4. FEI Number 65-1038199	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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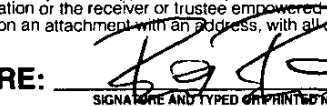
6. Name and Address of Current Registered Agent JAMES R. NICI, ESQ C/O COX & NICI 1185 IMMOKALEE ROAD, SUITE 110 NAPLES, FL 34110	
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7. Name and Address of New Registered Agent Name: WILLIAM A. BIRDSALL Street Address (P.O. Box Number is Not Acceptable) 696 98th AVE. N. City: NAPLES FL Zip Code: 34108	
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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: 	DATE: 08/03/05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BIRDSALL, WILLIAM A. 10380 VANDERBILT DRIVE NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSV BIRDSALL, WILLIAM A. 696 98th AVE. N. NAPLES, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV BIRDSALL, MIREYA P. 10380 VANDERBILT DROVE NAPLES, FL 33963 <input checked="" 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
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

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: 	DATE: 08/03/05 239-253-8935