

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90225 018 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000105452

1. Entity Name
BUILDER FACILITATORS, INC.



Principal Place of Business
10343 COVENTRY COURT
BOCA RATON, FL 33428

Mailing Address
10343 COVENTRY COURT
BOCA RATON, FL 33428

24070233



04252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0800872

Applied For:
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINDCOOR, Larry
10343 COVENTRY COURT
BOCA RATON, FL 33428

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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

Signature, typed or printed name of registered agent and title if applicable

(N/A) If Registered Agent signature required when reinstating

DATE

4-27-04

FILE NUMBER FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	WINDCOOR, LARRY
STREET ADDRESS	10343 COVENTRY CT.
CITY, ST, ZIP	BOCA RATON, FL 33428
TITLE	Secy
NAME	Marcus, Harold J.
STREET ADDRESS	1218 E 75th Ave
CITY, ST, ZIP	Brickell 33111
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

4/27/04

Dealing Phone #