
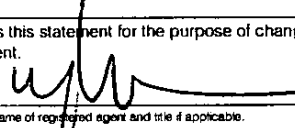



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90056 009 ***158.75

DOCUMENT # P00000115485 1. Entity Name BUILDCON SERVICES CORPORATION			
Principal Place of Business 13100 PARK BLVD. STE B SEMINOLE, FL 33776		Mailing Address PO BOX 7463 SEMINOLE, FL 33775	
2. Principal Place of Business 9180 Oakhurst Rd.		3. Mailing Address Suite, Apt. #, etc. Suite 6	
City & State Seminole, FL		City & State Seminole, FL	
Zip 33776		Country USA	
4. FEI Number 59-3687095		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISMARK, WAYNE 13100 PARK BLVD STE B SEMINOLE, FL 33776		7. Name and Address of New Registered Agent Name Wayne Ismark Street Address (P.O. Box Numbers Not Acceptable) 9180 Oakhurst Rd. Suite 6 City Seminole FL Zip Code 33776	
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 1/27/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISMARK, WAYNE 13100 PARK BLVD STE B SEMINOLE, FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9180 Oakhurst Rd, Suite 6 Seminole, FL. 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 1/27/05 DAYTIME PHONE # 727 422 1463	