



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90405 020 ***150.00

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # P01000016254 1. Entity Name GLOBAL BUILDING-WILLIAMSBURG CORPORATION | | | |  | |
| Principal Place of Business 1031 WEST MORSE BLVD STE 250 WINTER PARK, FL 32789 | | | Mailing Address 1031 WEST MORSE BOULEVARD SUITE 250 WINTER PARK, FL 32789 | | |
| 2. Principal Place of Business 1964 Howell BRANCH RD Suite, Apt. #, etc. ST 110 | | 3. Mailing Address 1964 Howell BRANCH RD Suite, Apt. #, etc. ST 110 | |  | |
| City & State WINTER PARK FL. | | City & State WINTER PARK FL | | 03162004 Chg-P CR2E034 (10/03) | |
| Zip 32792 | | Country US | | 4. FEI Number 59-3689393 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SWANN & HADLEY, P.A. 1031 WEST MORSE BOULEVARD SUITE 350 WINTER PARK, FL 32789 | | | 7. Name and Address of New Registered Agent Name SWANN & HADLEY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1031 West Morse Boulevard ST 350 City WINTER PARK FL Zip Code 32792 | | |
| 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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | PSD WINSLOW, ROBERT M 1031 WEST MORSE BLVD STE 250 WINTER PARK, FL 32789 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD E. KIM EVANS 1031 WEST MORSE BLVD STE 250 WINTER PARK, FL 32789 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |