FILED Aug 04, 2004 8:00 am Secretary of State 08-04-2004 90017 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

| 1. Entity Nam | MENT # P01000035 UILDERS, INC. | 159 | | |
|---|--|--|-------------------------------|--|
| 3325 AIRPO #F5 Naples, Fl | | Mailing Address PO BOX 8502 NAPLES, FL 34101 | • | : |
| 9729 | Place of Business ALABAMA ST. | 3. Mailing Address | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | 07212004 Chg-P CR2E034 (10/03) |
| | TA SPRINGS FC | City & State | · <u>-</u> | 4. FEI Number Applied For 59-3710949 Not Applicable |
| -341-2 | Country Country Country | Zip | Country | 5. Certificate of Status Desired |
| <u> </u> | 6. Name and Address of Current | Registered Agent | Name / | 7. Name and Address of New Registered Agent CHERTON, ROGER |
| CHERTON, ROGER 3325 AIRPORT-PULLING RD. #5 | | | Street | |
| NAPLES, | FL 34105 | | | / LES NEW SAUTH ST |
| | . 1 | | City | BONITA SPRINGS. FL 39735 |
| 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, type graftined name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing S5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | |
| 10. | OFFICERS AND | F-1 | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME | CHERTON, ROGER SAME Delete | | NAME —> | PRESIDENT CHEATEN, ROCEN. Addition 9725 ALABAMA ST |
| STREET ADDRESS CITY-ST-ZIP | 3325 AIRPORT PULLING RD: F | 5 CHANGE ADDRUSS ONL | STREET ADDRESS CITY-ST-ZIP | BONITA SPAINS FL 34135 |
| TITLE | V WILLIAMS, MATTHEW D | ☐ Delete | TITLE | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | 3376 14TH STREET NORTH NAPLES, FL 34103 | | STREET ADDRESS | |
| TITLE | NAPLES, FL 34103 | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| STREET ADDRESS | 17 | ربور بر و شو | STREET ADDRESS | The same of the sa |
| CITY-ST-ZIP | | ☐ Delete | CITY-ST-ZIP | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE NAME | \$ | ☐ Delete | TITLE NAME | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | * | ☐ Delete | . TITLE | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADORESS CITY-ST-ZIP | |
| | 1 | | | |
| Indicated | d on this report or supplemental report is | s true and accurate and that o | ny sionature shall h | ated in Section 119.07(3)(i). Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director napter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if |
| Indicated | d on this report or supplemental report is progration or the receiver or trustee emp d, or on an attachment with an address, | s true and accurate and that o | ny sionature shall h | ated in Section 119.07(3)(i). Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |