

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90172 048 ***150.00

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|---------------------------------|--|-----|---|-------|----|---------------------------------|-------|--|---|------|--------------------|--|------|--|--|----------------|--------------------|--|----------------|--|--|---------------|------------------------------|--|---------------|--|--|
| DOCUMENT # P01000055409 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name THE DESIGN & BUILD GROUP, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 348 PLAZA ATLANTIC BEACH, FL 32233 | | | Mailing Address P O BOX 330810 ATLANTIC BEACH, FL 32233 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 59-3734509 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MACRI, JENNIFER M 1016 10TH STREET NORTH JACKSONVILLE BEACH, FL 32250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 4/24/2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KIRSTEN, STEPHEN D</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1802 EASTERN DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>JACKSONVILLE BEACH, FL 32250</td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> </table> | | | | | | TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | KIRSTEN, STEPHEN D | | NAME | | | STREET ADDRESS | 1802 EASTERN DRIVE | | STREET ADDRESS | | | CITY- ST- ZIP | JACKSONVILLE BEACH, FL 32250 | | CITY- ST- ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | KIRSTEN, STEPHEN D | | NAME | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 1802 EASTERN DRIVE | | STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY- ST- ZIP | JACKSONVILLE BEACH, FL 32250 | | CITY- ST- ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">VT</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KIRSTEN, DAVID C</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>348 PLAZA</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ATLANTIC BEACH, FL 32233</td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> </table> | | | | | | TITLE | VT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | KIRSTEN, DAVID C | | NAME | | | STREET ADDRESS | 348 PLAZA | | STREET ADDRESS | | | CITY- ST- ZIP | ATLANTIC BEACH, FL 32233 | | CITY- ST- ZIP | | |
| TITLE | VT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | KIRSTEN, DAVID C | | NAME | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 348 PLAZA | | STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY- ST- ZIP | ATLANTIC BEACH, FL 32233 | | CITY- ST- ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">S</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MACRI, JENNIFER M</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1016 10TH ST. N.</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>JACKSONVILLE BEACH, FL 32250</td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> </table> | | | | | | TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | MACRI, JENNIFER M | | NAME | | | STREET ADDRESS | 1016 10TH ST. N. | | STREET ADDRESS | | | CITY- ST- ZIP | JACKSONVILLE BEACH, FL 32250 | | CITY- ST- ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | MACRI, JENNIFER M | | NAME | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 1016 10TH ST. N. | | STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY- ST- ZIP | JACKSONVILLE BEACH, FL 32250 | | CITY- ST- ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KIRSTEN, MARY JO C</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>348 PLAZA</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ATLANTIC BEACH, FL 32233</td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> </table> | | | | | | TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | KIRSTEN, MARY JO C | | NAME | | | STREET ADDRESS | 348 PLAZA | | STREET ADDRESS | | | CITY- ST- ZIP | ATLANTIC BEACH, FL 32233 | | CITY- ST- ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | KIRSTEN, MARY JO C | | NAME | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 348 PLAZA | | STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY- ST- ZIP | ATLANTIC BEACH, FL 32233 | | CITY- ST- ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> </table> | | | | | | TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | NAME | | | STREET ADDRESS | | | STREET ADDRESS | | | CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> </table> | | | | | | TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | NAME | | | STREET ADDRESS | | | STREET ADDRESS | | | CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4/24/2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |