## **2004 FOR PROFIT CORPORATION**ANNUAL REPORT

## Apr 05, 2004 08:00 AM Secretary of State **DOCUMENT # P01000068688** 1. Entity Name THE BUILDING CO. Principal Place of Business Mailing Address 11781 SE HWY, 441 11781 SE HWY. 441 OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 01122004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1151960 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HEMBREE, J.D. DO NOT WRITE 11781 SE HWY. 441 OKEECHOBEE, FL 34974 IN THIS SPACE 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 tale if applicable (NOTE: Registered Agent leginiture required when reinstating) U00000102559 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 04/05/04-20019-021 150.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE HEMBREE, J.D. NAME STREET ADDRESS 11781 SE HWY, 441 CITY-ST-ZIP OKEECHOBEE, FL 34974 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DILE STREET ADDRESS CAY-ST-ZP TITLE MARKE STREET ADDRESS CPY-ST-ZP TITLE NAME STREET ADORESS

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:

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04

863-824.0852

**FILED**