

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended

DOCUMENT # P01000070662

1. Entity Name
LONGMIRE BUILDING CORP.



05 SEP 23 PM 3:15

Principal Place of Business
**966 WHIPPOORWILL ROW
WEST PALM BEACH, FL 33411**

Mailing Address

**966 WHIPPOORWILL ROW
WEST PALM BEACH, FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1126440

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LONGMIRE, B. EUGENE
966 WHIPPOORWILL ROW
WEST PALM BEACH, FL 33411**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPT
NAME: LONGMIRE, B. EUGENE
STREET ADDRESS: 966 WHIPPOORWILL ROW
CITY-ST-ZIP: WEST PALM BEACH, FL 33411

Delete

TITLE: DVS
NAME: LONGMIRE, KARLYCE T
STREET ADDRESS: 966 WHIPPOORWILL ROW
CITY-ST-ZIP: WEST PALM BEACH, FL 33411

Delete

TITLE: AS
NAME: FAHEY, KERRY
STREET ADDRESS: 13804 156TH STREET NORTH
CITY-ST-ZIP: JUPITER, FL 33478

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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.

561

SIGNATURE: *Karlyce T. Longmire 9/19/2005 753-3533*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #