


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90017 043 ***150.00

DOCUMENT # P01000082077					
1. Entity Name A & M BUILDERS INC.					
Principal Place of Business 269 N.W. 148 AVE. HIGH SPRINGS, FL 32643			Mailing Address PO BOX 2787 HIGH SPRINGS, FL 32655 0		
2. Principal Place of Business 26938 N.W. 148 AVE		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIGH SPRINGS, FL		City & State		4. FEI Number 59-3745894	
Zip 32643		Country ALACHUA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAPP, HAROLD A JR. 26938 N.W. 143 AVE. HIGH SPRINGS, FL 32643			7. Name and Address of New Registered Agent Name: STAPP, HAROLD A JR. Street Address (P.O. Box Number is Not Acceptable): 26938 N.W. 148 AVE. City: HIGH SPRINGS, FL Zip Code: 32643		
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: <u>Harold A. Stapp Jr. Pres.</u> <u>HAROLD A. STAPP JR. PRES.</u> <u>4-4-05</u> <small>Signature, typed or printed name of registered agent & title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD STAPP, MARTHA B 820 SW OAK MEADOWS DR HIGH SPRINGS, FL 32643 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC STAPP, HAROLD A JR 820 SW OAK MEADOWS DR HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. HAROLD A. STAPP JR 26938 N.W. 148 AVE HIGH SPRINGS, FL 32643 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Harold A. Stapp Jr. Pres.</u> <u>HAROLD A. STAPP JR. PRES.</u> <u>4-4-05</u> <u>352 494 5014</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					