

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

08-29-2005 90144 009 ***550.00

DOCUMENT # P02000003769 1. Entity Name POSEY BUILDERS CONSTRUCTION, INC.					
Principal Place of Business 4875 CHISOLM ROAD ST CLOUD FL 34771				Mailing Address 4875 CHISOLM ROAD ST CLOUD FL 34771	
<p style="font-size: 1.2em; color: blue;">Please correct</p>					
2. Principal Place of Business 200 Georgia Ave Suite, Apt. #, etc. St. Cloud, FL City & State		3. Mailing Address 200 Georgia Ave Suite, Apt. #, etc. St. Cloud, FL City & State		4. FEI Number 80-0018173	
Zip 34769		Country Osceola		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POSEY, DAVID E 4947 GOLF CLUB PKWY ORLANDO FL 32808				7. Name and Address of New Registered Agent 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 <u><i>David E. Posey</i></u> DATE <u>8/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PSD POSEY, DAVID J 4875 CHISOLM ROAD ST CLOUD FL 34771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Georgia Ave St. Cloud, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD POSEY, DAVID E 4875 CHISOLM ROAD ST CLOUD FL 34771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Georgia Ave St. Cloud, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 title empowered.					
SIGNATURE: <u><i>David E. Posey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>8/15/05</u> Daytime Phone # <u>407-892-1446</u>	