


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			
<i>Please correct</i>					
2. Principal Place of Business 200 Georgia Ave St. Cloud, FL		3. Mailing Address 200 Georgia Ave St. Cloud, FL			
City & State		City & State			
Zip 34769	Country Osceola	Zip 34769	Country Osceola	4. FEI Number 80-0018173	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <i>David E. Posey</i>				DATE 8/15/05	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)				DATE	
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 Address
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 Address
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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 titles empowered.					
SIGNATURE: <i>David E. Posey</i>				DATE 8/15/05 407-892-1446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	