2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000057404

1. Entity Name BUILDERS CONSTRUCTION SERVICES, INC.



FILED
Jan 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

8512 HERLONG ROAD JACKSONVILLE, FL 32210

Mailing Address

8512 HERLONG ROAD JACKSONVILLE, FL 32210



01172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 45-0479712 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYBERRY, N. JEFFREY 8512 HERLONG ROAD JACKSONVILLE, FL 32210

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pons of registered agent. | urpose of changing its registere | ed office or registered agent, or bot | th, in the State of Fiorida. I am familiar with, and accept |
|--|---|---|--|---|
| FILI | Signature, typed or printed name of registered agent and title in ENOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Papplicable. (NOTE: Registere Rection Campaign Finar Trust Fund Contribution. | ad Agent signature required when reinstating) noting \$5.00 May Be Added to Fees | DATE |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT DPST MAYBERRY, N. JEFFREY 8512 HERLONG ROAD JACKSONVILLE, FL 32210 | CTORS | | U0000060\$162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 01/30/07-80025-009 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ·. | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of suppliemental peport 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. | | | | |