

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90024 014 \*\*\*150.00

<b>DOCUMENT # P02000064381</b> 1. Entity Name <b>INDIAN PASS BUILDERS, INC.</b>			
Principal Place of Business <b>2481 HWY 71 N</b> <b>WEWAHITCHKA, FL 32465</b>		Mailing Address <b>P.O. BOX 612</b> <b>WEWAHITCHKA, FL 32465</b>	
2. Principal Place of Business <b>2564 INDIAN PASS ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2564 INDIAN PASS ROAD</b> Suite, Apt. #, etc.	
City & State <b>PORT ST. JOE, FL</b> Zip <b>32456</b>		City & State <b>PORT ST. JOE, FL</b> Zip <b>32456</b>	
4. FEI Number <b>82-0549918</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCLEMORE, GLENDA N</b> <b>2481 HWY 71 N</b> <b>WEWAHITCHKA, FL 32465</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2564 INDIAN PASS ROAD</b> City <b>PORT ST. JOE, FL</b> Zip Code <b>32456</b>	
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>Glenda Mclemore</i></u> <b>Glenda Mclemore</b> <span style="float: right;">✓ 7/11/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEMORE, GLENDA P O BOX 612 WEWAHITCHKA, FL 32465	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	P MCLEMORE, GLENDA 2564 INDIAN PASS ROAD PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLEMORE, WILL P O BOX 612 WEWAHITCHKA, FL 32465	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLEMORE, WILL 2564 INDIAN PASS ROAD PORT ST. JOE, FL 32456
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
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
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 recorder 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><i>Glenda Mclemore</i></u> <b>Glenda Mclemore</b>		✓ 7/11/05 850-227-5675 <small>Date Daytime Phone #</small>	

20064320



07012005 Chg-P CR2E034 (10/03)