2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2005 8:00 am Secretary of State **DOCUMENT # P02000067648** 1. Entity Name 05-04-2005 90177 033 ***150.00 SABUK BUILDERS, INC. Principal Place of Business 502 SOURLY ESSICA ST P.O. BOX 31 BRADENTON BEACH, FL 34217 50047968 NOKOMIS, FL 34275 03302005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For FNTON, FL 74-3049282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Age SABUK, STANLEY J Street Address (P.O. Box Number is Not Acceptable) **502 SOUTH JESSICA ST** NOKOMIS, FL 34275 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agents and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 JO. 11. IIITE Detete TITLE ☐ Addition SABUK, STANLEY J NAME . NUE 502 SOUTH JESSICA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS: FL 34275 CITY-ST-ZIP ☐ Delete TITLE Addition NAME MASSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete THE ☐ Channe TITLE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Detete TIME ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P ☐ Delete TITLE Change ☐ Addition IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE ☐ Change ☐ Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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 cath; that I am an officer or director of the corporation or the receiver or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other life empowered. SIGNATURE: IG OFFICER OR DIRECTOR

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