


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90056 026 \*\*\*150.00

<b>DOCUMENT # P02000076894</b> 1. Entity Name <b>C. S. HODGES MASTER BUILDERS, INC.</b>			
Principal Place of Business <b>6325 PRESIDENTIAL CT</b> <b>7</b> <b>FORT MYERS, FL 33919</b>		Mailing Address <b>6325 PRESIDENTIAL CT</b> <b>7</b> <b>FORT MYERS, FL 33919</b>	
2. Principal Place of Business <b>1311 Third St. S.</b>		3. Mailing Address <b>1311 Third St. S.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34102</b>		Zip <b>34102</b>	
Country <b>US</b>		Country <b>US</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MOURICK, DAVID J ESQ</b> <b>10998 BONITA BEACH RD</b> <b>SUITE 2</b> <b>BONITA SPRINGS, FL 34135-9040</b>		<b>4. FEI Number</b> <b>14-1838094</b>	
<b>7. Name and Address of New Registered Agent</b> Name <b>Stanley Hodges</b> Street Address (P.O. Box Number is Not Acceptable) <b>1311 Third St. S.</b> City <b>Naples</b>		Applied For <input type="checkbox"/> Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional</b> Rec. Required	
State <b>FL</b>		Zip Code <b>34102</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 _____ DATE <b>2/28/06</b> <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>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST HODGES, STANLEY 8740 BELLE MEADE DRIVE FORT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/28/06</b> Daytime Phone # <b>239 382 1877</b>	