2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000102568

FLORIDA VALUE BUILDERS, INC.



FILED Mar 18, 2004 08:00 AM _ **Secretary of State**

Principal Place of Business

3225 SOUTH MACDILL #129-259 TAMPA, FL 33629

Mailing Address

3225 SOUTH MACDILL #129-259 TAMPA, FL 33629



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03082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 36-4508922

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, CODY W 501 E. KENNEDY BLVD. **SUITE 1700** TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the p the obligations of registered agent. 	ourpose of changing its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE Synabure, typed or printed name of registered agent and title	If applicable (NOTE Registered Agent signature required when reinstating)	DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		

10. OFFICERS AND DIRECTORS

D TITLE JAKSON, JOHN NAME 3225 SOUTH MACDILL #129-259 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 RRLE NAME BAILEY, KYLE 3225 SOUTH MACDILL #129-259 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000092166 03/18/04-80037-024 150.00

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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