

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90021 038 \*\*\*550.00

**DOCUMENT # P03000006459**

1. Entity Name  
FLORIDA BUILDERS CONSORTIUM, INC.



Principal Place of Business  
4150 CHURCH STREET  
SUITE 1018  
SANFORD, FL 32771 US

Mailing Address  
4150 CHURCH STREET  
SUITE 1018  
SANFORD, FL 32771

**50057067**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**16-1683008**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOQUIST, PAUL W  
327 SANTIAGO DRIVE  
WINTER PARK, FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SHOQUIST, PAUL W**  
STREET ADDRESS **327 SANTIAGO DRIVE**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Change ☒ Addition  
NAME **Shoquist, Thomas L**  
STREET ADDRESS **807 Edgeforest Terrace, Sanford FL 32771**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCKENZIE, STEVEN M**  
STREET ADDRESS **8710 A1A**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **CLAYTON, MICHAEL A**  
STREET ADDRESS **1491 OLDE KENSINGTON LANE**  
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/05

Date

407-322-6299

Daytime Phone #