

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000031426 1. Entity Name PROBUILT COMMERCIAL CONTRACTORS, INC.					
Principal Place of Business 6575 WEST GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429			Mailing Address 6575 WEST GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 05-0559254 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent			
OSBORNE, JOHN A III 6575 WEST GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P, D YOX, DALE R 6575 WEST GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 11000011244318 02/26/05-80016-006 150.00			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S, D OSBORNE, JOHN A III 6575 WEST GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429	<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 exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

2-25-05 352-795-5717