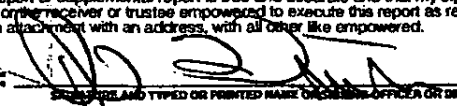


2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/ **FILED**
Sep 09, 2004 8:00 am
Secretary of State

08-25-2004 90002 048 ***550.00

DOCUMENT # P03000032977 1. Entity Name FAITHBILT BUILDERS, INC.					
Principal Place of Business 4101 WINDTREE DRIVE TAMPA, FL 33624			Mailing Address 4101 WINDTREE DRIVE TAMPA, FL 33624		
2. Principal Place of Business:		3. Mailing Address:			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0093907	
5. Name and Address of Current Registered Agent				6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
SMITH, JAMES.T 4101 WINDTREE DRIVE TAMPA, FL 33624				7. Name and Address of New Registered Agent 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 reappointing) DATE:					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, JAMES.T 4101 WINDTREE DRIVE TAMPA, FL 33624 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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 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: 			8/20/04 (913) 610-1159 Date Daytime Phone #		

66433280



07172004 Chg-P CR2E034 (10/03)