

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044724

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: ALLISON & CARROLL BUILDERS OF PORT ST LUCIE, INC

**Current Principal Place of Business:**

8659 THOUSAND PINES CIR  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

8659 THOUSAND PINES CIR  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 27-0046127      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, CHARLES  
8659 THOUSAND PINES CIR  
WEST PALM BEACH, FL 33411      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DAVIS, CHARLES  
Address: 8659 THOUSAND PINES CIR  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VS      ( ) Delete  
Name: ALLISON, TERRY  
Address: 8659 THOUSAND PINES CIR  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES DAVIS

PRES

04/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date