2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082100

Entity Name: W.D. MOBLEY RESIDENTIAL CONTRACTOR, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
24 AZALEA MIDDLEBU	A AVE URG, FL 32068	9082 MAXVILLE MIDDLEBURG RD JACKSONVILLE, FL 32234
Current M	lailing Address:	New Mailing Address:
24 AZALE MIDDLEBU	A AVE URG, FL 32068	9082 MAXVILLE MIDDLEBURG RD JACKSONVILLE, FL 32234
FEI Number:	: 20-0147618 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	I Address of Current Registered Agent	: Name and Address of New Registered Agent:
24 AZALÉ	WILLIAM D A AVE URG, FL 32068 US	MOBLEY, WILLIAM D 9082 MAXVILLE MIDDLEBURG RD JACKSONVILLE, FL 32234 US
	e named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATURE:		04/30/2005
	Electronic Signature of Registered	Agent Date
Election Car	mpaign Financing Trust Fund Contribution ().	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DPT () Delete MOBLEY, WILLIAM D 24 AZALEA AVE MIDDLEBURG, FL 32068	Title: DPT (X) Change () Addition Name: MOBLEY, WILLIAM D Address: 9082 MAXVILLE MIDDLEBURG RD City-St-Zip: JACKSONVILLE, FL 32234
Title: Name: Address: City-St-Zip:	DS () Delete MOBLEY, GENELL H 24 AZALEA AVE MIDDLEBURG, FL 32068	Title: DS (X) Change () Addition Name: MOBLEY, GENELL H Address: 9082 MAXVILLE MIDDLEBURG RD City-St-Zip: JACKSONVILLE, FL 32234
Title: Name: Address: City-St-Zip:	V () Delete MOBLEY, WILLIAM H JR 2451 BLACKSHIRE RD JACKSONVILLE, FL 32218	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zin:	T () Delete MILLER, BRIAN E 657 COPELAND ST. JACKSONVILLE EL 32204	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: WILLIAM DAVID MOBLEY DPT 04/30/2005