

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093444

Entity Name: FLA. DESIGN BUILD, INC.

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

1301 D. PENMAN RD.
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1301 D. PENMAN RD.
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-0167069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITHERSPOON, MELVIN M W
112 7TH STREET
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

WITHERSPOON, MELVIN M W
679 OCEAN BLVD
ATLANTIC BEACH, FL 32233 US

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: _____

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WITHERSPOON, MELVIN M
Address: 679 OCEAN BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VD () Delete
Name: ROWAN, JOHN W
Address: 3617 MARSH PARK COURT
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP () Delete
Name: SMYRLO, KEVIN
Address: 2220 NEW BERLIN RD.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: SMYKLO, KEVIN
Address: 445 TRESCA RD SUITE 105
City-St-Zip: JACKSONVILLE, FL 32225

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: MELVIN M WITHERSPOON

PSTD

04/05/2005

Electronic Signature of Signing Officer or Director

Date