


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

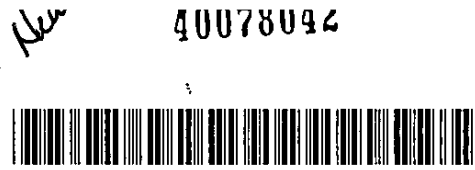
05-03-2005 90074 009 ***158.75

| | |
|--|---|
| DOCUMENT # P03000121950 1. Entity Name INSIGNIA BUILDERS INC. |  |
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|---|---|
| Principal Place of Business 2025 20TH AVE PKWY INDIAN ROCKS BEACH, FL 33785 US | Mailing Address 2025 20TH AVE PKWY INDIAN ROCKS BEACH, FL 33785 US |
|---|---|

Change to: 2301 34th WAY N. STE B LARGO, FL 33771

DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

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|----------------------------------|--|
| 4. FEI Number 20-0342186 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent BRIGHT, MARVIN R CPA 105 15TH AVE INDIAN ROCKS BEACH, FL 33785 |
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**DO NOT WRITE
IN THIS SPACE**

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 *Marvin Bright* DATE 4/25/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES CALECO, JOSEPH G 2025 20TH AVE PKWY INDIAN ROCKS BEACH, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KOENN, BENJAMIN 316 PENNSYLVANIA AVE CRYSTAL BEACH, FL 34681 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CERCEK, LISA 1736 ADAM CIRCLE S LARGO, FL 33771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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 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]* DATE 4/25/05 DAYTIME PHONE # 977-647-0060

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR