2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address,

Feb 02, 2005 8:00 am **Secretary of State** DOCUMENT # P03000124106 1. Entity Name 02-02-2005 90063 024 ***150.00 B & F BUILDING CONTRACTORS, INC. Principal Place of Business Mailing Address 565 SE COUNTY RD. 18A. STARKE FL 32091 565 SE COUNTY RD. 18A STARKE FL 32091 50009853 2. Principal Place of Business 43 / 5E CR2E034 (10/04) 4. FEI Number Applied For City & State 80-0081632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODGES, BETTY K 565 SE COUNTY RD. 18A Street Address (P.O. Box Number is Not Acceptable) STARKE FL 32091 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, the obligations of registered agen-SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLÉ ☐ Delete Change Addition NAME HODGES, BETTY K NAME SE 565 SE COUNTY RD. 18A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME HODGES, FREDERICK W NAME STREET ADDRESS 565 SE COUNTY RD. 18A STREET ADDRESS City-St-ZiP STARKE FL 32091 CHTY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED