2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # P03000127380

DEXTER BARBER BUILDERS INC.

Principal Place of Business

Mailing Address

10490 NW SCHMARJE LN BRISTOL, FL 32321 US

BARBER, HOMER D. P. Sept.

10490 NW SCHMARJE LN BRISTOL, FL 32321

10490 N.W. SCHMARJE LN BRISTOL, FL 32321 US

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

05-03-2005 90091 034 ***150.00



04272005

No Chg-P

CR2E034 (10/03)

4. FEI Number -59-6348838 20-0499431

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE		. *					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS IIILE BARBER, HOMER D SIREET ADDRESS CITY-ST-ZP BRISTOL, FL 32321 IIILE ST BARBER, GABRA SIREET ADDRESS 10534 NW SCHMARJE LANE BRISTOL, FL 32321 IIILE ST BARBER, GABRA SIREET ADDRESS 10490 NW SCHMARJE LANE BRISTOL, FL 32321 IIILE ST BARBER, GABRA SIREET ADDRESS 10490 NW SCHMARJE LANE BRISTOL, FL 32321 IIILE ST BARBER, GABRA SIREET ADDRESS 10490 NW SCHMARJE LANE BRISTOL, FL 32321 IIILE ST BARBER, GABRA SIREET ADDRESS 10490 NW SCHMARJE LANE BRISTOL, FL 32321 IIILE ST BARBER, GABRA SIREET ADDRESS 10490 NW SCHMARJE LANE BRISTOL, FL 32321 IIILE ST MAME BARBER, GABRA SIREET ADDRESS 10490 NW SCHMARJE LANE BRISTOL, FL 32321 IIILE NAME MAYO, JERRY A	the obligat	ions of registered agent.		registered agent, or bo			
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS IIILE P STREET ADDRESS (ITY-ST-ZIP BRISTOL, FL 32321 IIILE ST BRISTOL, FL 32321 IIILE STIREET ADDRESS (ITY-ST-ZIP BRISTOL, FL 32321 IIILE ST BRISTOL, FL 32321 IIILE D MAYO, JERRY A		Signature, typed or printed name-of registered agent and title it	applicable. (NOTE: Registered Agent signal	ure required when reinstating)	DATE		
TITLE NAME BARBER, HOMER D STREET ADDRESS CITY-ST-ZIP BRISTOL, FL 32321 TITLE VP NAME FLOWERS, JEROME STREET ADDRESS CITY-ST-ZIP BRISTOL, FL 32321 TITLE ST NAME BARBER, GABRA STREET ADDRESS CITY-ST-ZIP BRISTOL, FL 32321 TITLE ST NAME BARBER, GABRA STREET ADDRESS CITY-ST-ZIP BRISTOL, FL 32321 DO NOT WRITE ITILE TITLE NAME MAYO, JERRY A IN THIS SPACE							
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NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME D MAYO, JERRY A BARBER, GABRA 10490 NW SCHMARJE LANE BRISTOL, FL 32321 DO NOT WRITE IN THIS SPACE	NAME STREET ADDRESS	FLOWERS, JEROME 10534 NW SCHMARJE LANE					
MAYO, JERRY A IN THIS SPACE	NAME STREET ADDRESS	BARBER, GABRA 10490 NW SCHMARJE LANE		DO NOT WRITE			
CITY-SI-ZIP BLOUNTSTOWN, FL 32424	NAME STREET ADDRESS	MAYO, JERRY A 20757 NE KELLY ST.		IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP