

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90091 034 ***150.00

DOCUMENT # P03000127380

1. Entity Name
DEXTER BARBER BUILDERS INC.



Principal Place of Business
**10490 NW SCHMARJE LN
BRISTOL, FL 32321 US**

Mailing Address
**10490 N.W. SCHMARJE LN
BRISTOL, FL 32321 US**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6348838 20-0499431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARBER, HOMER D
10490 NW SCHMARJE LN
BRISTOL, FL 32321**

**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 *Homer D. Barber*

4-29-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBER, HOMER D 10490 NW SCHMARJE LANE BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOWERS, JEROME 10534 NW SCHMARJE LANE BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARBER, GABRA 10490 NW SCHMARJE LANE BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYO, JERRY A 20757 NE KELLY ST. BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: *Homer D. Barber* **Homer D. Barber**

4-29-05

850-643-1564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #