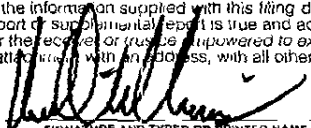


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000129320			
1. Entity Name FLORIDA BUILDING INSPECTORS AND CONTRACTORS, INC.			
Principal Place of Business 1443 STONE TRAIL ENTERPRISE, FL 32725 US		Mailing Address 1443 STONE TRAIL ENTERPRISE, FL 32725 US	
DO NOT WRITE IN THIS SPACE			
		02012006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0379257	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCWILLIAMS, KEITH R 1443 STONE TRAIL ENTERPRISE, FL 32725		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000446002 03/07/06-80072-013 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCWILLIAMS, KEITH R 1443 STONE TRAIL ENTERPRISE, FL 32725		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 recorder 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 attached statement with an address, with all other like empowered.			
SIGNATURE: 		2/10/06 407-302-4100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	