


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000129320 1. Entity Name FLORIDA BUILDING INSPECTORS AND CONTRACTORS, INC.	
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Principal Place of Business 1443 STONE TRAIL ENTERPRISE, FL 32725 US	Mailing Address 1443 STONE TRAIL ENTERPRISE, FL 32725 US
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0379257	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCWILLIAMS, KEITH R 1443 STONE TRAIL ENTERPRISE, FL 32725
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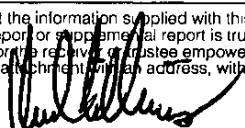
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IN THIS SPACE**

8. The above signature is the signature of the registered agent 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 obligation of the registered agent.	SIGNATURE _____ <small>or printed name of registered agent and title if applicable (NOTE: registered agent must sign when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000660814 03/20/07-80014-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCWILLIAMS, KEITH R 1443 STONE TRAIL ENTERPRISE, FL 32725
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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 registered agent 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 to this report, with all other like empowered.
SIGNATURE:  KEITH MCWILLIAMS 3/3/07 407-302-4100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>