

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90049 039 ***150.00

DOCUMENT # P03000139372

1. Entity Name
BUILDING CONCEPTS & DESIGN CONSTRUCTION, INC.



Principal Place of Business
**2028 KAPREE CT. SE
WINTER HAVEN, FL 33884**

Mailing Address
**2028 KAPREE CT. SE
WINTER HAVEN, FL 33884**

40007559



2. Principal Place of Business
250 SECURITY SQUARE
Suite, Apt. #, etc.

3. Mailing Address
250 SECURITY SQUARE
Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State
WINTER HAVEN
Zip
33880

City & State
WINTER HAVEN
Zip
33880
Country
POLK

4. FEI Number
59-2416413
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARNER, BOBBY G
2028 KAPREE CT. SE
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent

Name
STEPHEN VAUGHAN
Street Address (P.O. Box Number is Not Acceptable)
250 SECURITY SQUARE
City
WINTER HAVEN **FL** Zip Code
33880

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 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	P GARNER, BOBBY G	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2028 KAPREE CT. SE	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE-NAME	P STEPHEN VAUGHAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3714 RED OAK COURT	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE-NAME	VP JERRY BROCK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5302 ST LUCIA DR	
CITY-ST-ZIP	LAKE WATERS FL 33813	
TITLE-NAME	VP TIM ACREE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1301 ARIANA WOODS CIR	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE-NAME	S/T DANITA ACREE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1301 ARIANA WOODS CIR	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: STEPHEN VAUGHAN President 1-2-05 83207-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #