2005 FOR PROFIT CORPORATION

ANNUAL REPURT (AR)					FILED			
DOCUMENT # P03000141846 1. Entity Name				作为	A	pr 13, 2005 (08:00 A	M
CHARLES	S HOWARD BUILDER, INC.					Secretary of	State	
Principal Plac	e of Business	Mailing Address		<u> </u>				
6629 WYNN LANE GROVELAND FL 34736		6629 WYNN LANE						
GNOVELAN	D FL 34/30	GROVELAND FL 34736	0			III AA II AA I	:1881 11881 181/1 Biblic Bi	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt #, etc		1st MOORE CR2E034 (10/04)				
City & State		City & State		4. FEI Numb	20-0482023	1 L	oplied For ot Applicable	
Zip	Country Zip		Countr	у	5. Certificate	e of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Curren	Registered Agent		Maria	7. Name and	d Address of New Register	ed Agent	
HOWARD, CHARLES				Name	_			
662	9 WYNN LANE		,	Street Address	(P.O. Box Number is Not Acceptable)			•
GROVELAND FL 34736								
			-	City			Zip Cod	<u>. </u>
							<u> </u>	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered	d office of registe	ered agent, or bo	oth, in the State of Florida. Ta	am iamulai with,	and accept
CICNIATI IDE						-		
SIGNATURE	Signature, typed or printed name of registered agen	NOTE (NOTE	Registered	Agent signature require	od when reinstating)	DÁT	E	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of		 -		-	Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees
10.	OFFICERS AND		11.		ADDITIONS	I /CHANGES TO OFFICERS /	AND DIRECTOR	ŠĮN 11
THILE	PD	☐ Delete	TITLE				☐ Change	Addition
NAME .	HOWARD, CHARLES		NAME	* * * * * * * * * * * * * * * * * * * *		04/13/05-80020-	Boom wom :	6 m
STREET ADDRESS CITY-ST-ZIP	6629 WYNN LANE GROVELAND FL 34736		CITY-S	TADDRESS ST-ZIP		04713705-80020-	023 150.0	W
IIIcŧ	STD	☐ Delete	TETI F	-			☐ Change	– □ Adriii
NAME	HOWARD, RACHEL	22 5000	NAME					
STREET ADDRESS	6629 WYNN LANE			T ADDRESS				
CITY-ST-ZIP	GROVELAND FL 34736		CITY-S	S1- 2IP				<u>.</u>
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NAME			NAME					
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TITLE NAME		☐ Delete	HTLE NAME				- Cuange	☐ kuduin
STREET ADDRESS				T ADDRESS				
CITY-ST-7IP	<u> </u>			\$1-ZIP				
	cortify that the information cumplied wit	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج		🗥 سَلَ لم موسوم سمنوسه	110 07/0	VII Clauses Chabridge 1 from Law	a musik , shak sha i	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| Chapter 607 | Chapter 607

SIGNATURE: