


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90006 018 ***550.00

DOCUMENT # P03000143913	
1. Entity Name BRACY BUILDERS, INC.	

Principal Place of Business 1903 GRIFFWOOD COURT ST. CLOUD, FL 34772	Mailing Address 1903 GRIFFWOOD COURT ST. CLOUD, FL 34772
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2. Principal Place of Business 2512 Kaley Wood Ct. Suite, Apt. #, etc.	3. Mailing Address 2512 Kaley Wood Ct. Suite, Apt. #, etc.
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City & State St. Cloud, FL	City & State St. Cloud, FL
Zip 34772	Zip 34772
Country USA	Country USA

07052006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0474741	Applied For <input type="checkbox"/> 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 BRACY, HERBERT W 1903 GRIFFWOOD COURT ST. CLOUD, FL 34772	
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7. Name and Address of New Registered Agent Name Herbert W. Bracy Street Address (P.O. Box Number is Not Acceptable) 2512 Kaley Wood Ct. City St. Cloud FL Zip Code 34772	
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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 	DATE 7-14-06

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BRACY, HERBERT W 1903 GRIFFWOOD CT. ST. CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT Bracy, Herbert W 2512 Kaley Wood Ct. St. Cloud, FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BRACY, BRIAN H 1903 GRIFFWOOD CT. ST. CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS Bracy, Brian H. 237 Virginia Ave St. Cloud, FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **7-14-06**