2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Sep 23, 2004 8:00 am Secretary of State

Mailing Address   Mailing Ad	1. Entity Name C.M.R. BUILDERS, INC.						09-13-20	04 90004 (	)49 ***1	150.00
Suite. Apt. 4, etc.    Suite. Apt. 4, etc.   Suite. Apt. 4, etc.   Suite. Apt. 4, etc.	158 NORTH SHORELINE CIRCLE		158 NORTH SHORELINE CIRCLE		66434022					
City & State    City & State   City & State   City & State   Country   St. Certificate of Status Desired   \$3.75 Academical For Regulator Appointment of Provided Pro	2. Principal Pl	ace of Business	3. Mailing Address							
City & State    City & State   Country   Zip   Country   Site   Section of Status Desired   Set 75 Additional Fee Required			Suite, Apt. #, etc.					(4/04)	<b>171</b> 1 () ( <b>11)</b> 1	
E. Name and Address of Current Registered Agent  FOWELL-RUSHING, SUSAN 107. North and Address of New Registered Agent  FOWELL-RUSHING, SUSAN 107. North Address of New Registered Agent  For North PARTIN DRIVE  City  FL Zip Code  City  City  FL Zip Code  City  City  FL Zip Code  City  FL Zip Code  City  City  City  FL Zip Code  City	City & State		City & State		4. FEI Numb		21	App		
Reservations and Address of Current Registered Agent  POWELL-RUSHING, SUSAN  107. NORTH PARTIN DRIVE  NICEVILLE FL 32578  City  City  FL  Zip Code  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. or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.  SignaTuRE  POWER, treet of principles of septiment for submitted agent.  SignaTuRE  POWER, treet of principles of registered agent and the acceptable.  Soft 1842(5), 50 (1942)	Zip	Country	Zip	Country		5. Certificate	of Status Desired	Ø	3.75 Addi	itional
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E. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent.  SIGNATURE				Stre	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Common C								<u> </u>		
SIGNATURE   Symmers, pred of printed signer and file of applicable.   NOTE: Registered Agent signs of expended from required when required whe	•			City	City FL Zip Code					
Control   Cont										
FILE NOWIII, FEE, IS \$50.00 Soft 193(2)(D), F.S., allows for the water of the \$400.00 late fee. By checking this box, the corporation certifies if a contribution.   \$5.00 May Be Added to Fees Water Check Provable to Riorida Department of State do not receive provincial. Fee to file is \$150.00.   \$10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TILE PRUSHING, CHAD D SHE NORTH SHORELINE CIRCLE DEFUNIAK SPRINGS FL 32433   CITY-ST-ZP DEFUNIAK SPRING										
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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 path; that I am an officer or director	STREET ADDRESS	·		STREET ADD						