


2005
**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90110 019 ***150.00

DOCUMENT # P03000146526

1. Entity Name
THE 124 BUILDING, INC.



Principal Place of Business Mailing Address

124 TONEY PENNA DR 124 TONEY PENNA DR
 JUPITER FL 33452 JUPITER FL 33452

2. Principal Place of Business 3. Mailing Address

124 TONEY PENNA DRIVE M. BRITTON
 Suite, Apt. #, etc. 3218 BENTLEY AVE.
 Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State City & State 4. FEI Number Applied For

JUPITER, FL SEBRING, FL. 86-1092993 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

33452 PALM BEACH 33872 HIGHLANDS

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BRITTON, MARY L
 124 TONEY PENNA DR
 JUPITER FL 33452

Name SAME AS MAILING ADDRESS
 Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE Mary Lee Stephenson Britton DATE 4-28-05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODDS, JAMES H	NAME	
STREET ADDRESS	11420 154 RD N JUPITER FARMS	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODDS, CHARLES R	NAME	
STREET ADDRESS	12915 SE C.R. 234	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL 32667	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODDS, STEPHAN A	NAME	
STREET ADDRESS	8019 SW 95 ST	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, MARLENE D	NAME	
STREET ADDRESS	16201 NE HWY 301	STREET ADDRESS	
CITY-ST-ZIP	WALDO FL 32694	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITTON, MARY L	NAME	
STREET ADDRESS	3218 BENTLEY AVE	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mary Lee Stephenson Britton - Secretary/Treasurer DATE 4-28-05 863-385-3394
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #