2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150241

FUTCH, DIANE M

3874 NOVALINE LANE S.

JACKSONVILLE, FL 32277 US

Name:

Address:

City-St-Zip:

Entity Name: COMMUNITY BUILDING & RESTORATION INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business:				New Principa	New Principal Place of Business:		
	01 BAYMEADOWS ROAD			1420 ROGER		110	
SUITE #2 JACKSONVILLE, FL 32277 US		US	JACKSONVILLE, FL 32211 US				
Current Mailing Address:				New Mailing	New Mailing Address:		
4201 BAYMEADOWS ROAD			3952 HEATH		LIC.		
SUITE #2 JACKSONVILLE, FL 3:		32217	US	JACKSONVIL	LE, FL 322/7	US	
FEI Number:	:	FEI	Number Applied For ()	FEI Number Not Applicat	ble (X) Certifi	icate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Ad	Name and Address of New Registered Agent:		
MCLEROY, TERRY 4201 BAYMEADOWS ROAD JACKSONVILLE, FL 32217 US				3952 HEATH	LOCKLEAR, JOSEPH L 3952 HEATH RD JACKSONVILLE, FL 32277 US		
	e named ent e of Florida.		ts this statement for the p	ourpose of changing its r	egistered office o	r registered agent, or both,	
SIGNATURE: JOSEPH L. LOCKLEAR						02/02/2005	
	Elec	tronic Sig	nature of Registered Age	ent		Date	
Election Car	mpaign Finan	icing Trust	Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D,P LOCKLEAR 3952 HEAT JACKSONV	H ROAD	L	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	D,VP FUTCH, TH 3874 NOVA JACKSONV	LINE LANE	S.	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	D,S LOCKLEAR 3952 HEAT JACKSONV	H ROAD	: M	Title: Name: Address: City-St-Zip:	()Chango	e () Addition	
Title:	D,T	(X) Delete	!	Title:	() Change	e () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH L. LOCKLEAR D,P 02/02/2005