## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000074800

SHEFFIELD, TOM

3613 SHERETZ RD.

LAKELAND, FL 33810 US

Name:

Address:

City-St-Zip:

Entity Name: BUILD RIGHT ENTERPRISES, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
30440 STA EUSTIS, F	ATE RD 44 FL 32736 US	8	3613 SHERETZ ROAD LAKELAND, FL 33810	US
Current N	lailing Addres	s:	New Mailing Address:	
30440 STA EUSTIS, F	ATE RD 44 FL 32736 US	8	3613 SHERETZ ROAD LAKELAND, FL 33810	US
FEI Number	: 20-1109768	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:	
EUSTIS, F	TATE RD 44 FL 32736 US		ourpose of changing its registered o	office or registered agent, or both,
SIGNATUI				
		ic Signature of Registered Age	ent	Date
Election Car	mpaign Financing	Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () HURLEY, GLEN 30440 STATE R EUSTIS, FL 32	D 44	Title: ( Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	C,P () HURLEY, GLEN 30440 STATE R EUSTIS, FL 32	D 44	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T,S () HURLEY, GLEN 30440 STATE R EUSTIS, FL 32	D 44	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition
Title:	VP ()	Delete	Title: (	) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOMMY SHEFFIELD VP 04/25/2007