

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000075875

1. Entity Name
APPROVED BUILDERS, INC.



Principal Place of Business

**459 GENTIAN RD
ST AUGUSTINE, FL 32086**

Mailing Address

**459 GENTIAN RD
ST AUGUSTINE, FL 32086**

DO NOT WRITE IN THIS SPACE

02122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1084823

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAIG, WILLIAM P III
459 GENTIAN RD
ST AUGUSTINE, FL 32086**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PD |
| NAME | CRAIG, WILLIAM P III |
| STREET ADDRESS | 459 GENTIAN RD |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 |
| TITLE | VPD |
| NAME | WILLIAMS, CHRISTOPHER A |
| STREET ADDRESS | 649 CEDAR BAY RD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32218 |
| TITLE | VPD |
| NAME | CRAIG, COREY L |
| STREET ADDRESS | 459 GENTIAN RD |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/25/08-80050-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 904-377-8997
Date Daytime Phone #