2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 8:00 am Secretary of State

DOCUMENT # P0400082991 1. Entity Name INTEGRITY BUILDERS RESOURCES INC.						03-25-2005	90042 013 **	*150.	.00
Principal Place 507 COOLIDO LEHIGH ACRE		Mailing Address 507 COOLIDGE AVE LEHIGH ACRES, FL 33936		. I TENER! II	1 88 40 8 480 8 8 14 8810 881	n 88184 19118 NBIW 18NB	18981 11811	3083	
	ace of Business COOLYDGE AVE	3. Mailing Address 5.07 C.02	ロログ	CENPR					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02102005	Chg-P	CR2E034 (10	/03)	
City & State	IIGH ACR, FL	City & State LEM/GHEACL, FL			4. FELNumb	er/99691	9		olied For Applicable
^{Zip} 339.	36 Country 5.A.	33936		S. A		of Status Desired		5 Addi equired	
	6. Name and Address of Current I	registered Agent		Name	/, Name and	Address of New R	egisterea Agent		
GSCHEIDMEIER, GREGG 507 COOLIDGE AVE LEHIGH ACRES, FL 33936				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip	Code	!
	named entity submits this statement for ions of registered agent. GREGG GSCHE/D Signature, typed or printed name of registered agent a	OKELER-IRE	ESIDE		Sugg K	oth, in the State of Fic	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont			5.00 May Be ided to Fees				
10.			11.		ADDITIONS	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P GSCHEIDMEIER, GREGG 507 COOLIDGE AVE LEHIGH ACRES, FL 33936	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP			□ C1	iange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GSCHEIDMEIER, BARBARA 507 COOLIDGE AVE LEHIGH ACRES, FL 33936	EIER, BARBARA OGE AVE Titl NA ST		ADDRESS T-ZIP			cr	iange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	TITLE NAME	ADDRESS			Cr	iange	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	1,00	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			cı	nange	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Ci	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T- ZIP			□ CI	nange	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport, or on an attachment with an address,	true and accurate and that in owered to execute this report	my signatu t as require	re shall have th	e same legal effe	ct as if made under	oath; that I am an	officer -	or director