2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000099994 1. Entity Name BUILDERS PROFESSIONAL SERVICES, INC.							SECRETARY OF STATE DIVISION OF OCCUPANTIONS 06 JUL 11 AM 8: 50					
Principal Place of Business 9310 OLD KINGS ROAD SOUTH SUITE 1303 JACKSONVILLE, FL 32257			Mailing Address 9310 OLD KINGS ROAD SOUTH SUITE 1303 JACKSONVILLE, FL 32257				1 (1111) (1 1					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07052006	Chg-P	CR2E	034 (11/05)		
City & State			City & State				4. FEI Numb 33-109				plied For t Applicable	
Zip	Country		Zip		Country		5. Certificate	of Status Desired	; 🗆	\$8.75 Add Fee Required		
WILLIAMS 29 LAKE J PONTE VI	(Name Street A	136 136	2r.(a	d'Address of Nev	ble)	Agent Zip Code	39				
8. The above named entity submits this state near 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 legistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10. TITLE	D/VP	OFFICERS AND		Delete	11.	olv	ADDITIONS	/CHANGES TO C	FFICERS AN	DIRECTORS Change	IN 11 Addition	
NAME Street address City-St-Zip	29 LAKE	S, DENNIS JULIA DRIVE SOUTH (EDRA, FL 32082		54.00	NAME STREET ADDRESS CITY-ST-ZIP	771	rsukha 19 Ripk Usonvi	ni, 7:00) in Circu ive . A	, L e w 3:	<i>3</i> 777		
TITLE NAME	D/P COGER, 0	CARL M		Delete	TITLE NAME		<u>-</u>			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	17436 DR	RAGGLE LANE			STREET ADDRESS CITY-ST-ZIP		5 07/1	00077 9/06010	7738	445 **61	25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	, SCOTT GGIN CHURCH RD NVILLE, FL 32224		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		W11 A	<u> </u>	00 012	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
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.												
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dat											



Certificate of Status Verification

Listed below is the current information for the entity for which you are requesting a certificate of status. If this information is what you require for certification, please press the "Continue" button.

If you do not wish to continue with this certification, press your browser-"Back" button or-select to return to the Sunbiz home page.

Document Number

P04000099994

Corporate Name

BUILDERS PROFESSIONAL SERVICES, INC.

State of Inc

FL

Filing Date

07/02/2004

Document Type

Domestic Profit

Document Status

ACTIVE

Effective Date

N/A

Last Trans Date

09/09/2004

Last Trans Effective Date N/A

Last Annual Report Date

02/09/2006

Last Annual Report Year

2006

Cross Reference Name

N/A

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