

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2005 90058 033 ***150.00

DOCUMENT # P04000105537 1. Entity Name S.R.B-PROFESSIONAL CONSTRUCTION, INC					
Principal Place of Business 2396 N HWY 393 SANTA ROSA BCH, FL 32459			Mailing Address 2396 N HWY 393 SANTA ROSA BCH, FL 32459		
2. Principal Place of Business 2396 N. HWY 393 Suite, Apt. #, etc. HOUSE City & State SANTA ROSA BEACH, FL		3. Mailing Address 2396 N. HWY 393 Suite, Apt. #, etc. HOUSE City & State SANTA ROSA BEACH, FL			
Zip 32459		Country WALTON		4. FEI Number 342007845	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WILLIS, DAVID 2396 N HWY 393 SANTA ROSA BCH, FL 32459			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME WILLIS, DAVID STREET ADDRESS 2396 N HWY 393 CITY-ST-ZIP SANTA ROSA BCH, FL 32459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 the empowered.					
SIGNATURE: <u>DAVID WILLIS</u> DAVID WILLIS 1-26-05 (850) 267-3628 <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					