


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90304 001 ***150.00

DOCUMENT # P04000124130			
1. Entity Name PHILCO BUILDERS, INC.			
Principal Place of Business 14328 64TH WAY PALM BEACH GARDENS FL 33418		Mailing Address 14328 64TH WAY PALM BEACH GARDENS FL 33418	
2. Principal Place of Business 14328 64TH WAY Suite, Apt. #, etc. HOUSE		3. Mailing Address 14328 64TH WAY Suite, Apt. #, etc. SAME	
City & State PALM BEACH GARDENS FLA.		City & State PALM BEACH GARDENS FLA.	
Zip 33418	Country U.S.A.	Zip 33418	Country
4. FEI Number 650361215		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, PHILIP H 14328 64TH WAY PALM BEACH GARDENS FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Philip H. Woodward</i> 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	P WOODWARD, PHILIP H 14328 64TH WAY PALM BEACH GARDENS FL 33418 <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 like empowered.			
SIGNATURE: <i>Philip H. Woodward</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/7/05 561-310-2361 Cell 561-622-6950 etc Date Daytime Phone #	



1st MOORE

CR2E034 (10/04)