


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90163 042 \*\*\*150.00

<b>DOCUMENT # P04000152719</b>		
1. Entity Name SEASONED BUILDERS & MAINTENANCE, INC.		

Principal Place of Business 425 SE 2ND ST WILLISTON, FL 32696	Mailing Address P O BOX 399 WILLISTON, FL 32696
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2. Principal Place of Business 425 se 2nd st	3. Mailing Address P.O Box 399
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Williston FL	City & State Williston FL	4. FEI Number 20-1860640	Applied For <input type="checkbox"/> Not Applicable
Zip 32696	Country US.	Zip 32696	Country U.S.

03152005 Chg-P CR2E034 (10/03)


5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUTTS, ROBERT P ESQ FISHER, BUTTS, SECHREST & WARNER, P.A. 5203 SW 91ST TERRACE - STE D GAINESVILLE, FL 32608	
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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	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURRENTHON, NATHANEAL 425 SE 2ND ST WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	Date: 4/28/05 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	