2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000152719 1. Entity Name SEASONED BUILDERS & MAINTENANCE, INC.							A CONTRACTOR OF THE PARTY OF TH	05-03-2005 90163			
Principal Place of Business 425 SE 2ND ST WILLISTON, FL 32696			Mailing Address P O BOX 399 WILLISTON, FL 32696					20055259			
2. Principal Place of Business 425 Se 2 nd st			3. Mailing Address POBOX 399								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03152005	Chg-P CR2E	034 (10/03)		
williston FL			City & State UTISSTEN FL				4. FEI Number 200 #	1860640	<u> </u>	plied For Applicable	
Zip 3269	6	Country N.5.	Zip 326	9/_	Coun		5. Certificate	of Status Desired	\$8.75 Addi		
	6. Name and Address of Current F				Name	7. Name and Address of New Registered Agent					
BUTTS, ROBERT P ESQ :							ddress (P.O. Box Number is Not Acceptable)				
FISHER, BUTTS, SECHREST & WARNER, P.A. 5203 SW 91ST TERRACE - STE D						Street Addres	SS (P.O. Box Numb	er is Not Acceptable)			
GAINESVI	LLE, FL 3				City			Zip Code			
9. The shows	named antib	v submite this statement for	the number of	chanoino ite	rogistar	<u> </u>	stered agent, or ho	th in the State of Florida Lear	- '		
 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 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND DIRECTORS 1						ADDITIONS	/CHANGES TO OFFICERS AN			
TITLE Name	PD Detete III BURRINGTON, NATHANEAL NA								Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	425 SE 2ND ST WILLISTON, FL 32696					EET ADDRESS '-ST-ZIP					
TITLE	☐ Detete TITL					E			☐ Change	Addition	
NAME STREET ADDRESS	NAM STRI					EET ADDRESS					
CITY-SI-ZIP						-ST-ZIP	·····				
TITLE NAME	Delete ITHU NAM								Change	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST • ZIP					
TITLE	☐ Delete ITIL								☐ Change	Addition	
NAME Street address	•					EET ADDRESS					
CITY-ST-ZIP						-SI-ZIP			☐ Change	Addilion	
TITLE NAME	Delete ITTL					l.					
STREET ADDRESS City-St-Zip		-				EET ADDRESS '-ST-ZIP					
TITLE		`	Ę	Delete	TΠE				☐ Change	Addition	
NAME Street address					NAM STR	EET ADDRESS					
CITY-ST-ZIP	4:6 , 11- 44 14		this filing door	not qualify fo		/-SI-ZIP	Section 110 07(3)	(i) Florida Statutos I further c	artify that the in	formation	
12. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone 6											