


FILED
Feb 15, 2006 8:00 am
Secretary of State

4001402-

DOCUMENT # P04000155606				02-15-2006 90050 040 ***150.00	
1. Entity Name BUILDERS HOLDING CORPORATION					
Principal Place of Business 21202 OLEAN BLVD. A-3 PORT CHARLOTTE, FL 33952		Mailing Address 21202 OLEAN BLVD. A-3 PORT CHARLOTTE, FL 33952			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-2069458	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZOBEL, ROBERT L 1476 STRASBURG DR. PORT CHARLOTTE, FL 33952				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name STARKEY LAURIE Street Address (P.O. Box Number is Not Acceptable) 5511 LINDA DR. City NORTH PORT FL Zip Code 34286					
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 <u>[Signature]</u> 1/30/06 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, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	P,S ZOBEL, ROBERT L 1476 STRASBURG DR PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,S,T,Y,P STARKEY, LAURIE 5511 LINDA DR. NORTH PORT FL 34286	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,T STARKEY, LAURIE A 5511 LINDA DRIVE NORTH PORT, FL 34286	<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 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.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/30/06 941-628-4242 Date Daytime Phone #		