2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000170961	
Entity Name BUILDING AMERICA REALTY SERVICES, INC.	
Principal Place of Business Mailing Address	
103 S. WILSON ST. CRESTVIEW, FL 32536 103 S. WILSON ST. CRESTVIEW, FL 32536	
DO NOT WOITE IN THE OD	02252006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA	4. FEI Number Applied For 20-2328672 Not Applicable
	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
GROSS, WILLIAM R 103 S. WILSON ST. CRESTVIEW, FL 32536	DO NOT WRITE IN THIS SPACE
 The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent. 	stered office or registered agent, or both, in the State of Florida. I am lamiliar with, and eccept
SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE Regis	Safered Agent signature (equired when reinstaling) DATE
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution	
10. OFFICERS AND DIRECTORS	,
TITLE P NAME GROSS, WILLIAM R	
STREET ADDRESS 343 MARIE CIRCLE	:
CITY-SI-DP FT. WALTON BEACH, FL 32548	LIGOROGOGO
NAME GROSS, PATRICIA G	000000508063 04/27/06-80087-022 158.75
STREET ADDRESS 343 MARIE CIRCLE CITY-ST-ZIP FT. WALTON BEACH, FL 32548	:
TITLE	
NAME STREEL ADDRESS CHY-ST-ZIP	DO NOT WRITE
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NAME STREET ADDRESS	
CITY-SI-ZIP	
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TITLE NAME STREE ADDRESS CITY-S1-ZIP TITLE NAME STREE ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplied with this filling does not qualify for the indicated on this report or supplied eport is true and accurate and that my sign	exemptions contained in Chapter 119, Flotida Statutes. I further certify that the information greture shall have the same legal effect as if made under cath; that I am an officer or director quired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
TITLE NAME STREEL ADDRESS CITY-ST-IP TITLE NAME STREET ADDRESS CITY-ST-IP 12. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as the second of the second to the second this report as the second of the second to the second of th	exemptions contained in Chapter 119, Flotida Statutes. I further certify that the Information greture shall have the same legal effect as if made under cath; that I am an officer or director quired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the statutes of the same appears in Block 10 or Block 11 if the same of the same appears in Block 10 or Block 11 if the same of the same appears in Block 10 or Block 11 if the sa