

1. Entity Name
X-MEN BUILDERS & ASSOCIATES INC.



FILED

06 APR 10 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]04072006 Chg-P CR2E034 (11/05)

4. FBI Number 86-11310-46	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICKENS, KENNETH
1506 TATE STREET
TALLAHASSEE, FL 32310

Name ARENWETH MICKENS

Street Address (P.O. Box Number is Not Acceptable)

1506 TATE

TALLA. F1

City FL Zip Code 32310

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

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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MICKENS, KENNETH	
STREET ADDRESS	1506 TATE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	

TITLE	V	<input type="checkbox"/> Deleted
NAME	MICKENS, BRANDON	
STREET ADDRESS	3836 CASTLEBERRY DR	
CITY - ST - ZIP	TALLAHASSEE, FL 32303	

TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, CHANSA	
STREET ADDRESS	1506 TATE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	

TITLE	V	<input type="checkbox"/> Delete
NAME	MICKENS, ERNEST	
STREET ADDRESS	587 FULTON RD	
CITY - ST - ZIP	TALLAHASSEE, FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	MICKENS, PATRICE	
STREET ADDRESS	3836 CASTLEBERRY DR	
CITY - ST - ZIP	TALLAHASSEE, FL	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Larry Harrison	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS	107 Cossbrent way		
CITY-ST-ZIP	107 Cossbrent way (VP)		

1191933 CC 119 325K ☐ Change ☐ Addition

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800072715318
STREET ADDRESS	04/28/06--01029--029 **150.00
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	B 4/10/04	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # _____