

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101724

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: CONCH REPUBLIC BUILDERS INCORPORATED

## Current Principal Place of Business:

4045 S. MARK DR.  
SARASOTA, FL 34242

## New Principal Place of Business:

4045 S. MARK DRIVE  
SARASOTA, FL 34242

## Current Mailing Address:

4045 S. MARK DR.  
SARASOTA, FL 34242

## New Mailing Address:

558 CAPISTRANO DRIVE  
NOKOMIS, FL 34275

FEI Number: 20-3178678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WAGGONER, TODD  
558 CAPISTRANO DR.  
NOKOMIS, FL 34275 US

## Name and Address of New Registered Agent:

WAGGONER, TODD  
558 CAPISTRANO DRIVE  
NOKOMIS, FL 34275 US

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.

SIGNATURE:

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GOOD, SCOTT  
Address: 4045 S. MARK DR.  
City-St-Zip: SARASOTA, FL 34242

Title: V ( ) Delete  
Name: GOOD, ELLIS D.  
Address: 4045 S. MARK DR.  
City-St-Zip: SARASOTA, FL 34242

Title: ST ( ) Delete  
Name: WAGGONER, TODD  
Address: 558 CAPISTRANO DR.  
City-St-Zip: NOKOMIS, FL 34275

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: WAGGONER, HOLLY L  
Address: 558 CAPISTRANO DR  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD WAGGONER

ST

04/19/2006

Electronic Signature of Signing Officer or Director

Date