

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90176 027 ***150.00

DOCUMENT # P05000114277

1. Entity Name

FLORIDA PREFERRED BUILDERS, INC.



Principal Place of Business

Mailing Address

3568 STRATTON ROAD
JACKSONVILLE FL 32221-2327

3568 STRATTON ROAD
JACKSONVILLE FL 32221-2327

9440 ZAMBITO RD. N.

2. Principal Place of Business

9440 ZAMBITO Rd., N.

3. Mailing Address

9440 Zambito Rd., N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

JAX., FL.

City & State

JAX., FL.

4. FEI Number

20-3312608

Applied For

Not Applicable

Zip

32210

Country

DUVAL

Zip

32210

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDROP, DANIEL
3568 STRATTON ROAD
JACKSONVILLE FL 32221-2327

7. Name and Address of New Registered Agent

Name JAMES R. GRAF

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

9440 ZAMBITO RD., N.

City

JAX.

FL

Zip Code

32210

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

JAMES R. GRAF

(Not Registered Agent signature required when reinstating)

4/27/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME WALTROP, DANIEL
STREET ADDRESS 3568 STRATTON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32221-2327

TITLE S ☐ Delete
NAME BLAIR, THOMAS A
STREET ADDRESS 54025 JEANNIE ROAD
CITY-ST-ZIP CALLAHAN FL 32011-4938

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Section 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

4/27/06 (904) 708-3459

Date

Daytime Phone #