

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000001888**  
 1. Entity Name  
**CEPHAS BUILDERS INC**



Principal Place of Business  
**106 CYPRESS DRIVE  
 BOSTWICK, FL 32007**

Mailing Address  
**PO BOX 485  
 BOSTWICK, FL 32007**

**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-4038027**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, KIMBERLY K  
 106 CYPRESS DRIVE  
 BOSTWICK, FL 32007**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$160.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000858109  
 04/01/08-80032-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WILLIAMS, ISIAH B III PO BOX 485 BOSTWICK, FL 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, KIMBERLY K PO BOX 485 BOSTWICK, FL 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Isiah B Williams III Isiah B Williams III 3-10-08 (386) 328-3485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #