

**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**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4038027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

**U000000858109
04/01/08-80032-011 150.00**

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #