

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2007 8:00 am
Secretary of State

6/1

06-13-2007 90003 011 ***150.00
06-21-2007 90021 041 ***400.00

DOCUMENT # P06000091452					
1. Entity Name PLATINUM BUILDERS GROUP INC					
Principal Place of Business 4883 JACARANDA HEIGHTS DRIVE VENICE FL 34293 US			Mailing Address 4883 JACARANDA HEIGHTS DRIVE VENICE FL 34293 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1711506	
				☐ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOTES, JAMES 4883 JACARANDA HEIGHTS DRIVE VENICE FL 34293				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <u>Jay Newberry Vice President</u> <u>Jay Newberry</u> DATE _____ Signature, name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P	☐ Delete			
NAME	MOTES, JAMES				
STREET ADDRESS	4883 JACARANDA HEIGHTS				
CITY- ST- ZIP	VENICE FL 34293				
TITLE	VP	☐ Delete			
NAME	NEWBERRY, JAY M				
STREET ADDRESS	4883 JACARANDA HEIGHTS DRIVE				
CITY- ST- ZIP	VENICE FL 34293				
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			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: <u>Jay Newberry Jay Newberry Vice President</u> <u>239694-0090</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					