


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90017 003 \*\*\*150.00

**DOCUMENT # P93000059898**

1. Entity Name  
**FLORIDA BUILDING CONTRACTORS ASSOCIATION, INC.**



Principal Place of Business  
**177 WHISPERRIDGE DRIVE  
 SAINT AUGUSTINE FL 32092  
 US**

Mailing Address  
**177 WHISPERRIDGE DRIVE  
 SAINT AUGUSTINE FL 32092  
 US**



2. Principal Place of Business - No P.O. Box #  
**489 Cabernet Place**

3. Mailing Address  
**489 Cabernet Place**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**St. Augustine, Florida**

City & State  
**St. Augustine, Florida**

Zip  
**32084**

Country  
**U.S.A.**

4. FEI Number **65-0434043**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NAPSKY, CAROL A  
 177 WHISPERRIDGE DRIVE  
 SAINT AUGUSTINE FL 32092**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**489 Cabernet Place**

City **St. Augustine** FL Zip Code **32084**

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 Carol A. Napsky **Carol A. Napsky, President 3-1-07**

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

**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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PSTD	NAPSKY, CAROL A	177 WHISPERRIDGE DRIVE	SAINT AUGUSTINE FL 32092	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>489 Cabernet Place</b>	<b>ST. AUGUSTINE, FL. 32084</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Carol A. Napsky **Carol A. Napsky 3-1-07 904-8295999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #