


2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90343 031 \*\*\*150.00

**DOCUMENT # P93000069453**

1. Entity Name  
**SR BUILDERS, INC.**



Principal Place of Business      Mailing Address

**2680 TUSCAWILLA**      **P. O. BOX 620226**  
**OVIEDO, FL 32765 US**      **OVIEDO, FL 32765 US**

2. Principal Place of Business      3. Mailing Address


*207 C W State Rd. 434*      *P.O. Box 620226*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Oviedo, Florida*

City & State      City & State

*Winter Springs, FL.*      *Oviedo, Florida*

Zip      Country      Zip      Country

*32708*      *Seminole*      *32762-0226*      *Seminole*



02212005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-3205456**      Not Applicable

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

6. Name and Address of Current Registered Agent

**RYAN, SCOTT K**  
**207-C W STATE RD 434**  
**WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

8. I am familiar with, and accept the obligations of registered agent in the State of Florida. I am familiar with, and accept

SIGNATURE \_\_\_\_\_ (retating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	RYAN, SCOTT K	
STREET ADDRESS	2680 TUSCAWILLA RD	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. \_\_\_\_\_ changed, or on an attachment with an address with all other like empowered.

i), Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if

**SIGNATURE:** *Scott Ryan*      **4-7-05**      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR