


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90284 003 ***150.00

DOCUMENT # P94000006396	
1. Entity Name PRALLE BUILDERS, INC.	

Principal Place of Business 142 E GRANADA BLVD #208 ORMOND BEACH, FL 32176 US	Mailing Address 142 E GRANADA BLVD #208 ORMOND BEACH, FL 32176 US
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3217321	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

**PRALLE, ROBERT A JR.
67 NICHOLAS CT.
ORMOND BEACH, FL 32176**

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	PRALLE, ROBERT
NAME	67 NICHOLAS CT.
STREET ADDRESS	ORMOND BEACH, FL 32176
CITY-ST-ZIP	
TITLE S	MCCARTHY, HEIDI
NAME	142 E. GRANADA BLVD.
STREET ADDRESS	ORMOND BEACH, FL 32176
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Heidi McCarthy* **4-18-07** **(386) 672-8863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HEIDI MCCARTHY**

Date: _____ Daytime Phone #: _____