

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000090539



1. Entity Name
ACCURA BUILDERS, INC.

Principal Place of Business Mailing Address
4576 N.W. 16TH TERRACE **4576 N.W. 16TH TERRACE**
FORT LAUDERDALE FL 33309 **FORT LAUDERDALE FL 33309**
US **US**



1st MOORE CR2E034 (10/06)

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 **65-0545687** 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

SHARPE, LARRY
4576 N.W. 16TH TERRACE
FORT LAUDERDALE FL 33309

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHARPE, LARRY 4576 N.W. 16TH TERRACE FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100000630331 02/19/07-80035-021 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Larry Sharpe* **2-6-07 954-776-5014**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #