

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092439

FILED
Apr 27, 2004
Secretary of State

Entity Name: BUILDERS REFERRAL SERVICE, INC.

Current Principal Place of Business:

4815 E BUSCH BLVD
SUITE #203
TAMPA, FL 336176090 US

New Principal Place of Business:

4815 E BUSCH BLVD
SUITE #208 C
TAMPA, FL 336176090 US

Current Mailing Address:

PO BOX 17293
TAMPA, FL 336827293 US

New Mailing Address:

FEI Number: 59-3487374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, VIRGINIA L
4815 E BUSCH BLVD
SUITE #203
TAMPA, FL 336176090

Name and Address of New Registered Agent:

CARROLL, VIRGINIA L
4815 E BUSCH BLVD
SUITE #208 C
TAMPA, FL 336176090

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.

SIGNATURE:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: CARROLL, VIRGINIA L
Address: 4815 E BUSCH BLVD STE 203
City-St-Zip: TAMPA, FL 336176091 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CARROLL, VIRGINIA L
Address: 4815 E BUSCH BLVD STE 208 C
City-St-Zip: TAMPA, FL 336176091 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA L CARROLL

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date