


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000000043 1. Entity Name HUMBERT BUILDERS, INC.	
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Principal Place of Business P.O. BOX 10396 DAYTONA BEACH, FL 32120	Mailing Address P.O. BOX 10396 DAYTONA BEACH, FL 32120
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3460149	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 HUMBERT, WILLIAM H 920 GEORGE HECKER DRIVE DAYTONA BEACH, FL 32114
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**DO NOT WRITE
IN THIS SPACE**

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	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 NAME STREET ADDRESS CITY-ST-ZIP	P HUMBERT, WILLIAM H 920 GEORGE HECKER DRIVE DAYTONA BEACH, FL 32119
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *William Humbert Builders* **William Humbert** **4/20/05** **(786) 566-3001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S OFFICER OR DIRECTOR Date Daytime Phone #