


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90126 015 ***150.00

DOCUMENT # P97000028228 1. Entity Name EARTH DESIGN/BUILD, INC.			
Principal Place of Business 3401 LANNIE RD JACKSONVILLE, FL 32218		Mailing Address 3401 LANNIE RD JACKSONVILLE, FL 32218	
2. Principal Place of Business 3969 SW 56th TR. Suite, Apt. #, etc.		3. Mailing Address 3969 SW 56th TR. Suite, Apt. #, etc.	
City & State TRENTON, FLA		City & State TRENTON, FLA.	
Zip 32693		Zip 32693	
Country GILCHRIST		Country GILCHRIST	
4. FEI Number 59-3435066		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 MATTHEWS, LAMAR T 3401 LANNIE RD JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name SAME AGENT Street Address (P.O. Box Number is Not Acceptable) 3969 SW 56th TRAIL City TRENTON	
State FL		Zip Code 32693	
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 LAMAR T. MATTHEWS <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 03/07/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MATTHEWS, LAMAR T STREET ADDRESS 3401 LANNIE RD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MATTHEWS, KATE L STREET ADDRESS 3401 LANNIE RD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BETZ, ROBERT STREET ADDRESS 5855 JOHN ANDERSON HWY CITY-ST-ZIP FLAGLER BEACH, FL 32126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Lamar T. Matthews <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 03/07/05 352-463-7137 <small>Date Daytime Phone #</small>	