## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## Mar 29, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P97000050790 1. Entity Name EXECUTIVE BUILDERS, INC. Principal Place of Business Mailing Address 7251 MUSKETEER LANE 7251 MUSKETEER LANE FORT MYERS, FL 33912 U\$ FORT MYERS, FL 33912 03082008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-3459775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, BRUCE DO NOT WRITE 7251 MUSKETEER LANE FORT MYERS, FL 33912 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, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE JOHNSON, BRUCE NAME STREET ADDRESS 7251 MUSKETEER LANE CITY-ST-ZIP FT MEYRS, FL 33912 TITLE 000000483763 04/12/06-80012-012 150.00 NAME STREET AUDRESS CITY-ST-78P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this fling 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 it made under cath; that I am an officer or director of the corporation or the receiver or trusted employeed 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

481-3360