2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 08:00 AM Secretary of State

DOCUMENT # P97000061789 1. Entity Name AMERICAN DREAM BUILDERS, INC.				Secretary of State
Principal Place of Business Mailing Address 5827 COPORATION CIR FORT MYERS, FL 33905 US FORT MYERS, FL 33905 US			\$,	
DO NOT WRITE IN THIS SPACE				03042005 No Chg-P CR2E034 (10/03) 4. FEI Number
MCCORD, JAMES 17598 BOAT CLUB DR FORT MYERS, FL 33908				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 tamillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTÓRS		
TITLE NAME	PD MCCORD, JAMES M II	-		
STREET ADDRESS CITY-ST-ZIP	17598 BOAT CLUB DRIVE FORT MYERS, FL 33908		{	10000025796
TITLE NAME STREET ADDRESS	ST MCCORD, HOLLY 17598 BOAT CLUB DRIVE			000000252796 03/07/05-80009-011 150.00
CITY-ST-ZIP	FORT MYERS, FL 33908		<u></u>	
TITLE NAME STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP			- <u></u>	
NAME STREET ADDRESS CITY-ST-ZIP			}	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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: 400 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/5/05				3/5/65 Date Daytime Phone * '