

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90147 023 \*\*\*150.00

DOCUMENT # P97000088104

1. Entity Name  
BUILDERS RESOURCE SOLUTIONS, INC.



Principal Place of Business  
821 NORTH US 1  
SUITE A  
ORMOND BEACH, FL 32174

Mailing Address  
821 NORTH US 1  
SUITE A  
ORMOND BEACH, FL 32174



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3475374

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEBERT, GERALD W.  
~~555 W. GRANADA BLVD., STE. A12~~ 821 N. U.S. 1, suite A  
ORMOND BEACH, FL 32174

**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 *Gerald W. Hebert* Gerald W. Hebert

4-7-05

Signature, typed or printed name of registered agent and title if 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  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*  
NAME HEBERT, GERALD W.  
STREET ADDRESS ~~555 W. GRANADA BLVD., STE. A12~~ 821 N. U.S. 1,  
CITY-ST-ZIP ORMOND BEACH, FL 32174 suite A

TITLE *Secretary/Treasurer*  
NAME HEBERT, HELEN W.  
STREET ADDRESS ~~555 W. GRANADA BLVD. A12~~ 821 N. U.S. 1,  
CITY-ST-ZIP ORMOND BEACH, FL 32174 suite A

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gerald Hebert* Gerald Hebert

Date

4/7/05

Daytime Phone #

386-677-6234