

FILED
May 03, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000093839 1. Entity Name ARCHITECTURAL BUILDERS CORP.																																			
Principal Place of Business 545 TALL OAKS TERR LONGWOOD, FL 32750	Mailing Address 545 TALL OAKS TERR LONGWOOD, FL 32750																																		
DO NOT WRITE IN THIS SPACE																																			
 04272006 No Chg-P CR2E034 (11/05)																																			
4. FEI Number: 58-3489372		Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent BUSICK, LARRY 545 TALL OAKS TERR LONGWOOD, FL 32750																																			
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not using))																																			
FILE NOW!!! FEE IS \$130.00 After May 1, 2006 Fee will be \$550.00																																			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10 OFFICERS AND DIRECTORS</th> </tr> <tr> <td style="width: 20%;">TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>BUSICK, LARRY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>545 TALL OAKS TERR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32750</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	10 OFFICERS AND DIRECTORS		TITLE	P	NAME	BUSICK, LARRY	STREET ADDRESS	545 TALL OAKS TERR	CITY-ST-ZIP	LONGWOOD, FL 32750	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		U00000560797 05/18/06-90051-023 150.00 DO NOT WRITE IN THIS SPACE <i>CH45717</i>
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12. I hereby certify that the information supplied with this filing 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 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 (ies) empowered.																																			
SIGNATURE: <u>Larry Busick, Inc. LARRY BUSICK</u> 430 06 907-948-4881 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																			