

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM
Secretary of State
Dept. of STATE

DOCUMENT # P98000018959					
1. Entity Name CONIDARIS BUILDERS & GENERAL CONTRACTORS, INC.					
Principal Place of Business 15645 PINE RIDGE ROAD FORT MYERS, FL 33908			Mailing Address 15645 PINE RIDGE ROAD FORT MYERS, FL 33908		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0818313	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CONIDARIS, MICHAEL 7918 SANDELWOOD CIR. WEST FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing)					
DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	D CONIDARIS, MICHAEL 7918 SANDELWOOD CIR. WEST FT. MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONIDARIS, MICHAEL 7918 SANDELWOOD CIR. WEST FT. MYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONIDARIS, MICHAEL 7918 SANDELWOOD CIR. WEST FT. MYERS, FL 33908	1100000339483 04/28/05-80077-025 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONIDARIS, MICHAEL 7918 SANDELWOOD CIR. WEST FT. MYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Michael Condaris</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4-26-05</u> Daytime Phone #: <u>239-415-7671</u>					