

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000058992

1. Entity Name
WEST FLA. BUILDERS GROUP, INC.



05 APR 12 PM 12:41

RECEIVED STATE
TREASURY

Principal Place of Business
240 71ST AVE
ST. PETERSBURG BEACH, FL 33706

Mailing Address
240 71ST AVE
ST. PETERSBURG BEACH, FL 33706

\$150.00



2. Principal Place of Business
240 71st Ave

3. Mailing Address
240 71st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312005

Chg-P

CR2E034 (10/03)

05

City & State
St Pete Beach, FL

City & State
St. Pete Beach, FL

4. FEI Number
59-3530995

Applied For
Not Applicable

Zip
33706

Country

Zip
33706

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIX, JOSEPH
8501 RIVERSIDE DR NE
ST. PETERSBURG, FL 33702

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NIX, JOSEPH E
8501 RIVERSIDE DR NE
ST PETE, FL 33702 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NIX, JOSEPH
240 71st Ave
St. Pete, FL 33706 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
30005206823
04/26/05--01010--005 **200.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: JOSEPH E NIX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 727.682.0555
Date Daytime Phone #