


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000092908
 1. Entity Name
 9500 BUILDING, INC.



Principal Place of Business Mailing Address
 2020 KING AIR COURT 2020 KING AIR COURT
 PORT ORANGE, FL 32128-6931 PORT ORANGE, FL 32128-6931

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0879453 Not Applicable

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

6. Name and Address of Current Registered Agent
 AUSTEN, PETER T
 2020 KING AIR COURT
 PORT ORANGE, FL 32128-6931

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

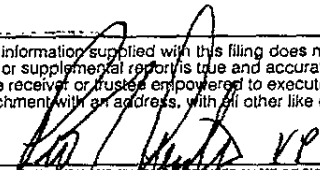
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, STEPHEN H
STREET ADDRESS	2020 KING AIR COURT
CITY - ST - ZIP	PORT ORANGE, FL 321286931
TITLE	VST
NAME	AUSTEN, PETER T
STREET ADDRESS	2020 KING AIR COURT
CITY - ST - ZIP	PORT ORANGE, FL 321286931
TITLE	AV
NAME	AUSTEN, JANICE B
STREET ADDRESS	2020 KING AIR COURT
CITY - ST - ZIP	PORT ORANGE, FL 321286931
TITLE	AV
NAME	SMITH, CAROLE
STREET ADDRESS	2020 KING AIR COURT
CITY - ST - ZIP	PORT ORANGE, FL 321286931
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000187990
 01/24/05-80037-013 150.00

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:  **Peter T. Austen, VP** 1-20-2005 386-761-1882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #