

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90361 035 ***150.00

DOCUMENT # P98000097537
 1. Entity Name
BUILDERS SERVICES, INC.



Principal Place of Business: **4809 LONGWATER AVE TAMPA, FL 33618**
 Mailing Address: **4809 LONGWATER AVE TAMPA, FL 33618**

50041266



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

02232005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **59-3548867**
 Applied For: Not Applicable

Zip: **33615** Country

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**

WHITE, BARBARA A
5811 MEM. HWY STE 201
TAMPA, FL 33615

Name: **BARBARA A. WHITE**
 Street Address (P.O. Box Number is Not Acceptable): **4809 LONGWATER WAY**
 City: **TAMPA** FL Zip Code: **33615**

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: *Barbara A White* DATE: **3-3-05**

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	D	<input type="checkbox"/> Delete
NAME	WHITE, BARBARA A	
STREET ADDRESS	4809 LONGWATER AVE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara A White* Date: **3-3-05** Daytime Phone #: **(813) 855-0268**