2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000044041

1. Entity Name
RIGHT BUILDERS INC.

FILED

04 APR 19 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5876 NIGHTINGALE LOOP APT 5B TALLAHASSEE, FL 32311	8014 MCCLINTOCK COURT TALLAHASSEE, FL 32311

DO NOT WRITE IN THIS SPACE

03082004   No Chg-P   CR2E034 (10/03)   64

4. FEI Number		Applied For
59-3577907		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, MICHAEL L
5876 NIGHTINGALE LOOP
APT 5B
TALLAHASSEE, FL 32311

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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 _Michael L. Johnson   President_

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

_4/05/04_
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	JOHNSON, MICHAEL	
STREET ADDRESS	5876 NIGHTINGALE LOOP, APT 5B	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	VP	
NAME	THOMAS, JOHN C	
STREET ADDRESS	8014 MCCLINTOCK CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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05/07/04--01008--009 **150.00

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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)(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: _Michael L Johnson   Michael L Johnson   4/05/04   (850-933-5089)_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #