

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000044041

1. Entity Name
RIGHT BUILDERS INC.



Principal Place of Business
5876 NIGHTINGALE LOOP
APT 5B
TALLAHASSEE, FL 32311

Mailing Address
8014 MCCLINTOCK COURT
TALLAHASSEE, FL 32311

P.O. Box 6522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Talla. FL

City & State

City & State

32314

Zip

Country

Zip

Country

05132005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3577907

Applied For
Not Applicable

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

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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JOHNSON, MICHAEL ☐ Delete
STREET ADDRESS 5876 NIGHTINGALE LOOP, APT 5B
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ☐ Change ☐ Addition
NAME 600054684386
STREET ADDRESS 05/17/05--01062--001
CITY-ST-ZIP **\$150.00

TITLE VP
NAME THOMAS, JOHN C ☒ Delete
STREET ADDRESS 8014 MCCLINTOCK CT.
CITY-ST-ZIP TALLAHASSEE, FL 32311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 MAY 13 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

