2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2005 8:00 am Secretary of State DOCUMENT # P9900060835 1. Entity Name 05-02-2005 90443 006 \*\*\*150.00 BPS BUILDERS, INC. Principal Place of Business Mailing Address 5960 NW 75 WAY 5960 NW 75 WAY PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business 3. Mailing Address 637 Sierra 7637 Sierro Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 65-0568926 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SULLIVAN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 5960 NW 75 WAY PARKLAND FL 33067 City Zip Code 8. The above named Atity submiss 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 egiştered **eg**ent. SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VPD DAY TITLE ☐ Delete TITLE Change ☐ Addition Bailtivan, Brian SULLIVAN, BRIAN NAME NAME 7637 Sierra Drive West 5960 NW 75 WAY STREET ADDRESS STREET ADDRESS C1TY-ST-ZIP PARKLAND FL 33067 CITY-ST-7tP TITLE Delete THILE M Change Addition DOMES, CLEMENCE Jones, Clemence 5960 NW 75 WAY STREET ADDRESS STREET ADDRESS 7637 Sierra Drive West CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME \_\_\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP 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 receipt 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 appears, with all other like empowered.

**FILED** 

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