

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90046 017 ***150.00

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1. Entity Name
BUILDING CONCEPTS CONSTRUCTION COMPANY



Principal Place of Business
**3707 W MCKAY AVE
TAMPA, FL 33609**

Mailing Address
**3707 W MCKAY AVE
TAMPA, FL 33609**

40002284



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3602084

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

**CRAVEN, DANIEL R
3210 W FAIR OAKS AVE
TAMPA, FL 33611**

Name **CRAVEN, DANIEL R.**
Street Address (P.O. Box Number is Not Acceptable)
3707 W. MCKAY AVE.
City **TAMPA** FL Zip Code **33609**

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
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 PD
NAME **CRAVEN, DANIEL R** ☐ Delete
STREET ADDRESS **3210 W FAIR OAKS AVE**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE PD ☒ Change ☐ Addition
NAME **CRAVEN, DANIEL R.**
STREET ADDRESS **3707 W. MCKAY AVE.**
CITY-ST-ZIP **TAMPA, FL 33609-4519**

TITLE S
NAME **CRAVEN, LAURA M** ☐ Delete
STREET ADDRESS **3210 W FAIR OAKS AVE**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE S ☒ Change ☐ Addition
NAME **CRAVEN, LAURA M.**
STREET ADDRESS **3707 W. MCKAY AVE.**
CITY-ST-ZIP **TAMPA, FL 33609-4519**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
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: **Daniel R. Craven**
DANIEL R. CRAVEN

1/10/05 813-610-6611
Date Daytime Phone #