

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # S08864 1. Entity Name BUILDING ONE COMPANY	
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Principal Place of Business 291 FRONT STREET KEY WEST, FL 33040	Mailing Address P.O. BOX 2152 KEY WEST, FL 33045-2152
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0347553	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent SPOTTSWOOD, JOHN M., JR 500 FLEMING STREET KEY WEST, FL 33040	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

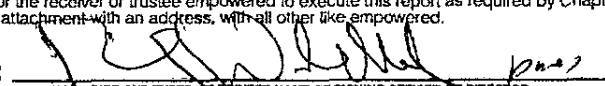
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODRUFF, RICHARD 11085 ALPHARETTA HWY ROSWELL, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPOTTSWOOD, JOHN M., JR. 500 FLEMING STREET KEY WEST, FL
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02/10/05-80033-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **2/4/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #