


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # S56350 1. Entity Name ENGINEERED BUILDING SYSTEMS, INC.		
Principal Place of Business P. O. BOX 2735 OCALA, FL 34478 US		Mailing Address P. O. BOX 2735 OCALA, FL 34478 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ESBENSHADE, JOHN STEWART 1317 SE FORK KING ST. OCALA, FL 34471		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ESBENSHADE, JOHN STEWART	
STREET ADDRESS	1317 SE FORT KING ST	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/28/05 352-351-3941 <small>Date Daytime Phone #</small>



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3072415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000204542
01/31/05-80009-010 150.00

**DO NOT WRITE
IN THIS SPACE**