## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 19, 2007 08:00 AM Secretary of State DOCUMENT # S58986 1. Entity Name PRAGER BUILDERS, INC. Principal Place of Business Mailing Address 2938 STONEWALL PL 2938 STONEWALL PL SANFORD, FL 32773 SANFORD, FL 32773 US 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3071715 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRAGER, KENT R. DO NOT WRITE 2938 STONEWALL PL SANFORD, FL 32773 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE PRAGER, KENT R NAME STREET ADDRESS 2938 STONEWALL PL U00000592197 CITY+ST-ZIP SANFORD, FL 32773 01/19/07-80053-019 150.00 TITLE NAM[ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CHY-ST-ZIP DHE STREET ADDRESS CITY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attactment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date J/6/O

**FILED**