

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70737

FILED
Apr 20, 2009
Secretary of State

Entity Name: CORDELE BUILDERS, INC.

Current Principal Place of Business:

475 WEST TOWN PLACE
SUITE 200
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

2120 SR 13 N
SAINT JOHNS, FL 32259

Current Mailing Address:

475 WEST TOWN PLACE
SUITE 200
SAINT AUGUSTINE, FL 32092

New Mailing Address:

PO BOX 600615
JACKSONVILLE, FL 32260

FEI Number: 59-3079322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTLETT & DEAL, P.A.
135 PROFESSIONAL DRIVE
101
PONTE VERDE BEACH, FL 32802 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LABAR, JAMES C
Address: SUITE 200, 475 W TOWN PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: LABAR, KATHRYN W
Address: SUITE 200, 475 W TOWN PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DVS () Delete
Name: MURPHY, PATRICK T
Address: SUITE 200, 475 W TOWN PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DPT () Delete
Name: MURPHY, MICHAEL A
Address: SUITE 200, 475 W TOWN PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LABAR, JAMES C
Address: PO BOX 600615
City-St-Zip: JACKSONVILLE, FL 32260

Title: D (X) Change () Addition
Name: LABAR, KATHRYN W
Address: PO BOX 600615
City-St-Zip: JACKSONVILLE, FL 32260

Title: DVS (X) Change () Addition
Name: MURPHY, PATRICK T
Address: PO BOX 600615
City-St-Zip: JACKSONVILLE, FL 32260

Title: DPT (X) Change () Addition
Name: MURPHY, MICHAEL A
Address: PO BOX 600615
City-St-Zip: JACKSONVILLE, FL 32260

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A MURPHY

DPT

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date