


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # V21479
 1. Entity Name
COMMUNITY BUILDERS, INC.



Principal Place of Business 544 N.W. 68TH AVE. OCALA, FL 34482 US	Mailing Address 544 N.W. 68TH AVE. OCALA, FL 34480 US
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3114008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 SEREDA, ROBERT H
 18860 S.W. 110 PLACE
 DUNNELLON, FL 34432

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SEREDA, SCOTT J 12373 SW 109TH PLACE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. SEREDA, ROBERT H 18860 SW 110 PL DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEREDA, KIRK 20765 SW 36TH ST DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. SEREDA, SHIRLEY E 128860 SW 110 PLACE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000620385
 02/09/07-80034-020 150.00

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 attachment with an address with all other like empowered.

SIGNATURE: Kirk Sereda Pres. 2/3/07 352 291-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #