


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90086 048 ***150.00

| | | | | | |
|--|----------------------|--|---|---|-----------------------------------|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3114008 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SEREDA, ROBERT H 18860 S.W. 110 PLACE DUNNELLON, FL 34432 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | V.P. | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SEREDA, SCOTT J | | NAME | | |
| STREET ADDRESS | 12373 SW 109TH PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DUNNELLON, FL 34432 | | CITY-ST-ZIP | | |
| TITLE | DIR. | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SEREDA, ROBERT H | | NAME | | |
| STREET ADDRESS | 18860 SW 110 PL | | STREET ADDRESS | | |
| CITY-ST-ZIP | DUNNELLON, FL | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SEREDA, KIRK | | NAME | | |
| STREET ADDRESS | 20765 SW 36TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | DUNNELLON, FL 34431 | | CITY-ST-ZIP | | |
| TITLE | SEC. | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SEREDA, SHIRLEY E | | NAME | 18860 SW 110 Place | |
| STREET ADDRESS | 128860 SW 110 PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DUNNELLON, FL 34432 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-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 attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ | | | 1-10-08 | | 352-291-2493 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |