

Jan 18,
Secr

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V35548 1. Entity Name GOLD CREST BUILDERS, INC.			
Principal Place of Business 3712 GLYNN COTTAGE CT GREEN COVE SPRINGS, FL 32043 US		Mailing Address PO BOX 1825 GREEN COVE SPRINGS, FL 32043 US	
DO NOT WRITE IN THIS SPACE			
		01112005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3128605 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 JAMES, CURTIS 3712 GLYNN COTTAGE CT GREEN COVE SPRINGS, FL 32043			
		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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		<div>1100000182544 01/19/05-80032-015 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	JAMES, C.A.		
STREET ADDRESS	PO BOX 1825		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL		
TITLE			
NAME			
STREET ADDRESS			
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/1/05 904-284-7595 Date Daytime Phone #	