


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90071 001 ***150.00

DOCUMENT # V55083 1. Entity Name P & S BUILDERS, INC.					
Principal Place of Business 39602 PROSPECT LANDING RD. HILLARD, FL 32046 US			Mailing Address 39602 PROSPECT LANDING RD. HILLARD, FL 32046 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3135856	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PIKE, THOMAS B., SR. 5713 RATLIFF RD. CALLAHAN, FL 32011				7. Name and Address of New Registered Agent Name <u>Pike Thomas B. Sr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>39602 Prospect Landing Rd.</u> City <u>Hilliard</u> FL <u>32046</u>	
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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST PIKE, THOMAS B., SR. 5713 RATLIFF RD. CALLAHAN, FL 32011		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Pike, Thomas B. Sr. 39602 Prospect Landing Rd HILLIARD, FL 32046	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Thomas B. Pike Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/10/05</u> (904) 545-3274 <small>Date Daytime Phone #</small>		

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