2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2006 08:00 AM DOCUMENT # V55083 **Secretary of State** 1. Entity Name P & S BUILDERS, INC. Principal Place of Business Mailing Address 39602 PROSPECT LANDING RD. HILLARD FL 32046 39602 PROSPECT LANDING RD. HILLARD FL 32046 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3135856 Not Applicable Zip Ζιp Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PIKE, THOMAS B., SR. 39602 PROSPECT LANDING RD Street Address (P.O. Box Number is Not Acceptable) HILLIARD FL 32046 Zip Code City 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 grinted name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May E1 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Assissing TITLE TITLE ☐ Delete 000000402381 PIKE, THOMAS B., SR. NAME. NAME 02/03/06-80005-010 150.00 STREET ADDRESS STREET ADDRESS 39602 PROSPECT LANDING RD CITY-ST-ZIP CITY-ST-ZIP HILLIARD FL 32046 Delete TITLE Change Addito-TITLE NAME NAME: STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change □ AAPS TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change T Address Delete TITLE! TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Adm ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED