2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V68958

1. Entity Name CERTIFIED BUILDING CONTRACTORS, INC.



Principal Place of Business

747 S.W. SOUTH MACEDO BLVD. PORT ST. LUCIE, FL 34983 US Mailing Address

747 SW SO MACEDO BLVD. JENSEN BEACH, FL 34958 US PORT ST. LUCIE, FL 34983

FILED Feb 23, 2005 8:00 am Secretary of State

02-23-2005 90063 016 ***150.00

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No Cha-P

CR2E034 (10/03)

FEI Number
 65-0358045

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAUN, JEFFREY S. 747 S. W. S. MACEDO BLVD. PORT ST. LUCIE, FL 34983

SIGNATURE: L

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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 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 Finance Trust Fund Contribution.			scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, JEFFREY S. 747 S. W. S. MACEDO BLVD. PORT ST. LUCIE, FL 34983			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE * NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS 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 of frustee exposered 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.				

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR