

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V69921

1. Entity Name  
TARGET BUILDERS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:45

Principal Place of Business

2240 W FIRST ST  
SUITE 100

FT MYERS, FL 33901 US

Mailing Address

2240 W FIRST ST  
SUITE 100

FT MYERS, FL 33901 US

**DO NOT WRITE IN THIS SPACE**



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0362660

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ADKINS, STEVEN D.  
1246 CANTERBURY DR  
FT MYERS, FL 33901

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ADKINS, STEVEN D.  
1246 CANTERBURY DR  
FT MYERS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
RUTTER, PATRICIA  
1454-3 PARK SHORE CIRCLE  
FORT MYERS, FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
NEWTON, BRADFORD  
2760 RHODE ISLAND AVE  
FT MYERS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
SCHNEIDER, TOBEY J  
1465 ROSADA WAY  
FORT MYERS, FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

300069918293  
04/10/06--01015--015 \*\*350.00

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IN THIS SPACE**

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 fee empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven D. Adkins 3/10/06 239-337-7585

Date

Daytime Phone #