

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90004 008 ***550.00

DOCUMENT # P04000045480 1. Entity Name B.L. HOMES & CONSTRUCTION, INC.					
Principal Place of Business 201 HOMEWOOD DRIVE SANFORD, FL 32773			Mailing Address 201 HOMEWOOD DRIVE SANFORD, FL 32773		
2. Principal Place of Business <i>201 Home Wood Dr.</i>		3. Mailing Address <i>201 Homewood Dr.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Sanford FL</i>		City & State <i>Sanford FL</i>		4. FEI Number 86-110-866	
Zip 32773		Country <i>Seminole</i>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHEATON, WILLIAM B 201 HOMEWOOD DRIVE SANFORD, FL 32773				7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD WHEATON, WILLIAM B 201 HOMEWOOD DRIVE SANFORD, FL 32773		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
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: <i>Will B. Wheaton</i>			9/7/05 1-407-947-4532		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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