


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90124 031 \*\*\*158.75

<b>DOCUMENT # P05000063469</b>	
1. Entity Name <b>ARGEER HOMES, INC.</b>	

Principal Place of Business <b>627 SEAVIEW COURT N1 MARCO ISLAND, FL 34145 US</b>	Mailing Address <b>627 SEAVIEW COURT N1 MARCO ISLAND, FL 34145 US</b>
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**20034370**



2. Principal Place of Business <b>1083 N. COLLIER BLVD #313</b>	3. Mailing Address <b>1083 N. COLLIER BLVD</b>
Suite, Apt. #, etc. <b>#313</b>	Suite, Apt. #, etc. <b>#313</b>

04112006 Chg-P CR2E034 (11/05)

City & State <b>MARCO ISLAND, FL</b>	City & State <b>MARCO ISLAND, FL</b>	4. FEI Number <b>38-3722341</b>	Applied For Not Applicable
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Zip <b>34145</b>	Country <b>US</b>	Zip <b>34145</b>	Country <b>US</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROOKER, GLENN JR			NAME			
STREET ADDRESS	14 NORTH WASHINGTON STREET			STREET ADDRESS			
CITY-ST-ZIP	TARRYTOWN, NY 10591			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEYN, ROSS			NAME			
STREET ADDRESS	28 BRACKENHILL ROAD			STREET ADDRESS			
CITY-ST-ZIP	HAMBURG, NJ 07419			CITY-ST-ZIP			
TITLE	CEOT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROOKER, GLENN SR.			NAME			
STREET ADDRESS	7 HILLSIDE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NEW CITY, NY 10956			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 like empowered.

**SIGNATURE:**  **GLENN CROOKER JR.** 4/17/06 (914) 494-9942  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT Date Daytime Phone #