## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 186595** 

**CESÉRY HOMES INC** 

**FILED** Apr 11, 2008 08:00 Al Secretary of State

Principal Place of Business

1450-3 SAN MARCO BLVD JACKSONVILLE, FL 32207

US

Mailing Address

1450-3 SAN MARCO BLVD JACKSONVILLE, FL 32207

US



DO 1	TOP	WRITE	IN THIS	SPACE
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04032008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-0783717 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CESERY, WILLIAM R JR 1450-3 SAN MARCO BLVD JACKSONVILLE, FL 32207

## 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 Fiorida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	U00000291175 04/23/08-80614-022 150.00			
10.	OFFICERS AND DIREC	CTORS		. <u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CESERY, WILLIAM R., JR. 1450-3 SAN MARCO BLVD JACKSONVILLE, FL 32207							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CESERY, BARBARA H 1450-3 SAN MARCO BLVD JACKSONVILLE, FL 32207							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE					
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TITLE NAME STREET ADDRESS								

12. I nereby 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR