

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90040 035 ***150.00

DOCUMENT # 446186

1. Entity Name

SQUARE BUILDERS OF ORMOND BEACH, INC.



Principal Place of Business

1980 N. ATLANTIC AVENUE
SUITE 918
COCOA BEACH FL 32931

Mailing Address

1980 N. ATLANTIC AVENUE
SUITE 918
COCOA BEACH FL 32931

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 128

Suite, Apt. #, etc.

Suite 128

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4



4. FEI Number **59-1519886** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KETCHAM, RODNEY S.
1980 NORTH ATLANTIC AVENUE
SUITE 918
COCOA BEACH FL 32931

Name

Rodney S. Ketcham

Street Address (P.O. Box Number is Not Acceptable)

1980 North Atlantic Avenue

Suite 128

City

Cocoa Beach

FL

Zip Code

32931

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
S
LEIBEL, ROBIN
209 SOUDAN AVE
TORONTO, ON, CANADA m4s- 1w2 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEIBEL, QUEENIE S.
500 AVE RD APT 1006
TORONTO, ON, CANADA m4v- 2j6 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robin Leibel

Robin Leibel

Mar.28/08

416-487-7237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone