

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90003 034 ***550.00

DOCUMENT # 475279

1. Entity Name
FLORIDA HOME DESIGNS, INC.



Principal Place of Business
444 WEST PIPKIN RD.
LAKELAND, FL 33813 US

Mailing Address
444 WEST PIPKIN RD.
LAKELAND, FL 33813 US

14018167



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1950221

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT NUNEZ, JR.
2670 BELLERIVE DR.
LAKELAND, FL 33803

**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 \$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

TITLE PD
NAME NUNEZ JR., ROBERT
STREET ADDRESS 2670 BELLERIVE DR.
CITY-ST-ZIP LAKELAND, FL 33803

TITLE DS
NAME NUNEZ, JUNIS
STREET ADDRESS 2670 BELLERIVE DR.
CITY-ST-ZIP LAKELAND, FL 33803

TITLE VP
NAME NUNEZ, ROBERT
STREET ADDRESS ~~5070 WINDOVERT LN~~ 855 Whisper Woods Dr
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____