

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90057 011 ***158.75

DOCUMENT # 618656

1. Entity Name

SUPERIOR HOME BUILDERS OF WEST FLORIDA, INC.



Principal Place of Business

BOX 337
PONCE DE LEON FL 32455

Mailing Address

BOX 337
PONCE DE LEON FL 32455

20000000



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2816 Old Mill Rd

Suite, Apt. #, etc.

3. Mailing Address

2816 Old Mill Rd

Suite, Apt. #, etc.

City & State

Ponce de Leon Fla

City & State

Ponce de Leon Fla

4. FEI Number

59-1887347

Applied For

Not Applicable

Zip

32455

Country

USA

Zip

32455

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'STEEN, LANEY
2816 OLD MILL RD.
PONCE DE LEON FL 32455

7. Name and Address of New Registered Agent

Name

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

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, 2005 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

TITLE P
NAME O'STEEN, LANEY
STREET ADDRESS 2816 OLD MILL RD.
CITY-ST-ZIP PONCE DE LEON FL 32455 ☐ Delete

TITLE VP.
NAME OSTEEN, MICHAEL RANDY
STREET ADDRESS 2816 OLD MILL RD.
CITY-ST-ZIP PONCE DE LEON FL 32455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ 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:

LANEY O'STEEN

LANEY O'STEEN

1-26-05

850-836-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #