

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # 693849 1. Entity Name LUXURY BUILDERS, INC.					
Principal Place of Business 1156 CLUBHOUSE BLVD. NEW SMYRNA BEACH, FL 32168			Mailing Address 1156 CLUBHOUSE BLVD. NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2162493	
				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	
DINIZO, ANTHONY T, JR 1156 CLUBHOUSE BLVD NEW SMYRNA BEACH, FL 32168				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 the if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$450.00 After May 1, 2005 Fee will be \$550.00			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	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DINIZO, HELENE C.		NAME		
STREET ADDRESS	1156 CLUBHOUSE BLVD		STREET ADDRESS		
CITY-STATE-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-STATE-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DINIZO, ANTHONY T., JR.		NAME		
STREET ADDRESS	1156 CLUBHOUSE BLVD		STREET ADDRESS		
CITY-STATE-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Anthony T. Dinizo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>1/21/05</u> Date Daytime Phone #		