2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 769898

1. Entity Name
CARPENTER'S HOME ESTATES, INC.

Principal Place of Business	Mailing Address
1001 CARPENTER'S WAY LAKELAND, FL 33809 US	1001 CARPENTER'S WAY LAKELAND, FL 33809 US

01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2347336
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, JOSEPH A.
1009 CARPENTERS WAY
LAKELAND, FL 33809

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000079833
03/08/04-80084-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRADER, KARL D.
STREET ADDRESS	777 CARPENTER'S WAY
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	INGLIS, DAVID
STREET ADDRESS	707 CARPENTERS WAY #37
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	SHORT, RILEY DR.
STREET ADDRESS	73 LAKE MORTON DR
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	EDWARDS, DWIGHT
STREET ADDRESS	1801 HAVENDALE BLVD
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	SD
NAME	JOHNSON, MALLORY
STREET ADDRESS	707 CARPENTER'S WAY #37
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	DT
NAME	GILLMAN, LEO
STREET ADDRESS	1707 W. REYNOLDS ST
CITY-ST-ZIP	PLANT CITY, FL 33567

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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 617, 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: Mallory Johnson 1-13-04 863-858-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #