

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # F21930

1. Entity Name
AMERON HOMES, INC.



Principal Place of Business
**519 S. EASY ST.
SEBASTIAN, FL 32958 US**

Mailing Address
**519 S EASY ST
P.O. BOX 780874
SEBASTIAN, FL 32978-0874 US**



03012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2086592

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROGNANO, DANIEL
2110 CAPTAINS WALK
VERO BEACH, FL 32963**

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00000000000000000000
04/22/08-80068-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BROGNANO, DANIEL
STREET ADDRESS	2110 CAPTAINS WALK
CITY-STATE-ZIP	VERO BEACH, FL 32963
TITLE	V
NAME	BROGNANO, JAMES F.
STREET ADDRESS	2110 CAPTAINS WALK
CITY-STATE-ZIP	VERO BEACH, FL 32963
TITLE	VP
NAME	BROGNANO, TODD A.
STREET ADDRESS	528 N. BLUE ISLAND
CITY-STATE-ZIP	SEBASTIAN, FL 32958
TITLE	V
NAME	BROGNANO, WILLIAM T.
STREET ADDRESS	519 EASY ST
CITY-STATE-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/08