2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H11294

SIGNATURE:

## **FILED** Feb 09, 2004 08:00 AM Secretary of State CR2E034 (11/03) Applied For 59-2428161 \$8.75 Additional Fee Required Zip Code 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ☐ Change Addition U00000043840 02/10/04-80080-023 150.00 Channe ☐ Addition ☐ Change Addition

## FLORIDA HOMES AND LAND INCORPORATED OF **VOLUSIA COUNTY** Principal Place of Business Mailing Address 506 N RIDGEWOOD AVE EDGEWATER FL 32132 200 N RIVERSIDE DR EDGEWATER FL 32132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAUGHWOUT, LESLIE C Street Address (P.O. Box Number is Not Acceptable) 200 N RIVERSIDE DR **EDGEWATER FL 32132** City 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. residen SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE HAUGHWOUT, C. LESLIE NAME NAME 200 N RIVERSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY -ST-ZIP EDGEWATER FL 32132 CITY-ST-78P SD BILE ☐ Detete MEE NAME HAUGHWOUT, JEAN NAME 200 N RIVERSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDGEWATER FL 32132 City-St-Zip TIRLE ☐ Delete TSTLE MAAR HAUGHWOUT, KENNETH L. MARKE STREET ADORESS 2640 23RD AVE. N.E. STREET ADDRESS CITY-ST-ZIP HICKORY NC 28601 CITY+ST-ZIP TD TITLE ☐ Defete 3116 Change ☐ Addition HAUGHWOUT, E. ROBERT NAME NAME 123 RIO VISTA STREET ADDRESS STREET ADDRESS CITY-ST-718 EDGEWATER FL 32132 CSTY - ST - ZSP TITLE ☐ Delete ☐ Change TITLE Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes 1 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 out, 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.