

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90191 007 ***150.00

64000000



04272004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2624117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUESCHER, KEITH
6767 N. WICKHAM RD
SUITE 500
MELBOURNE, FL 32940

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BUESCHER, KEITH	
STREET ADDRESS	812 OAK PARK DRIVE	
CITY-ST-ZIP	MELBOURNE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUESCHER, MERCEDES	
STREET ADDRESS	6680 STILLPOINT DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUESCHER, HOWARD	
STREET ADDRESS	6680 STILLPOINT DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUESCHER, SCOTT M.	
STREET ADDRESS	743 GLENGARRY DR	
CITY-ST-ZIP	MELBOURNE, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIRARD, SUSAN	
STREET ADDRESS	898 OAK PARK DRIVE	
CITY-ST-ZIP	MELBOURNE, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	YELLAND, RONALD J	
STREET ADDRESS	5320 CHISWICK CIRCLE	
CITY-ST-ZIP	ORLANDO, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.24.04 6321.259-6972

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Mercedes Homes Realty, Inc.

Continuation of #11

Addition:

T D
Kush, Robert M.
837 Oak Park Drive
Melbourne, FL 32940

Attachment

21068095

#91476