2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

OL AUG 12 PM 4: 19 **DOCUMENT # J53169** 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA A C & R HOMES & PROPERTIES, INC. Principal Place of Business Mailing Address 8243 E FAIRWAY LOOP 8243 E FAIRWAY LOOP US INVERNESS, FL 34450 INVERNESS, FL 34450 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 08092004 Cha-P Applied For City & State City & State 4. FEI Number 59-2769826 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUSH, LYNNE Street Address (P.O. Box Number is Not Acceptable) 8243 E FAIRWAY LOOP INVERNESS, FL 34450 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete Change TITLE TITLE BRUSH, LYNNE NAME NAME STREET ADDRESS 8243 E FAIRWAY LOOP STREET ADDRESS INVERNESS, FL 34450 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE Vice President NAME NAME JOANN-PIPPIN STREET ADDRESS STREET ADDRESS 8243 E. Fairway Loop CITY-ST-7IP CITY-ST-ZIP Inverness, FL 34450 ☐ Delete TITLE ☐ Addition □ Unange TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 400040318414 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 08/19/04--01013--006 **51 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete IITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #

LYNNE BRUSH

with all other like

changed, or on an attachme

SIGNATURE:

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8243 E FAIRWAY LOOP		Mailing Address 8243 E FAIRWAY LOOP INVERNESS, FL 34450 US								
Principal Place of Business 3.		. Mailing Address								
Suite, Apt. #, etc		Suite, Apt. #, etc.				08092004	Chg-P	CR2	E034 (10/03)	l
City & State		City & State				4. FEI Number Applied For 59-2769826 Not Applied				pplied For lot Applicable
Zip Co	Country		Zip Country		-,	5. Certificate of		red 🗌	\$8.75 Ad	ditional
BRUSH, LYNNE	Address of Current Reg	stered Agent		Name		7. Name and A		_	<u> </u>	
8243 E FAIRWAY LOOP INVERNESS, FL 34450			Street Ac	oress (F	O. Box Number	is Not Accep	iable)			
		Cily					F	_		
The above named entity submittee obligations of registered a SIGNATURE	nt's this statement for the gent.					ed agent, or both	, in the State	of Florida. I an	n familiar with	, and accept
Amended AR is \$	61.25	9. Election Campai Trust Fund Contr		cing		00 May Be d to Fees				
10.	OFFICERS AND DIRE	CTORS	11.			ADDITIONS/C	HANGES TO	OFFICERS AN	ID DIRECTOR	S IN 11
NAME BRUSH, LYNNE STREET ADDRESS 8243 E FAIRWA CITY ST AP INVERNESS, F	Y LOOP	☐ Delete		1					☐ Change	Addition
THE NAME STREET ADDRESS CHY ST ZIP	ss		NAME STREET ADDRESS CHY SI ZIP		JO	ce President DANN PIPPIN 243 E. Fairway Loop			X Change	Addition
HILE NAME STREET ADDRESS CITY-ST-&P		☐ Delete	1	_		verness,		34450	L Change	Addition
HILE NAME SIREH ADDRESS CHY ST ZIP		☐ Delete	TITLE NAME STREET CHY S	I ADDRESS					☐ Change	Addition
TIFLE NAME STREET ADDRESS CITY ST 4P		☐ Delete	HITLE NAME STREET	ADDRESS				,	☐ Change	Addition
HELE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	HILE NAME STREET CITY S	ADDRESS				·	☐ Change	Addition
	optemental report is true a ver or trustive empowered with an address, with all	and accurate and that my	y signatu is require	re shall haved by Chapt	d in Sect ve the sa ter 607, i	ion 119.07(3)(i), me legal effect a Florida Statutes;	Florida Statut is if made und and that my r	der oath; that I name appears	ertify that the in am an officer in Block 10 or Daytime Prone #	aformation or director Block 11 if