

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 12 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J74232

1. Entity Name  
LIDDELL HOMES, INC.



Principal Place of Business  
9501 NORMANDY BLVD.  
P.O. BOX 5604  
JACKSONVILLE, FL 32221

Mailing Address  
9501 NORMANDY BLVD.  
P.O. BOX 5604  
JACKSONVILLE, FL 32221



03042003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2859219

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LIDDELL, ROBERT  
9501 NORMANDY BLVD  
PO BOX 5604  
JACKSONVILLE, FL 32221

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LIDDELL, ROBERT
STREET ADDRESS	1563 PALM AVENUE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	P
NAME	LIDDELL, ROBERT ALLEN
STREET ADDRESS	2420 GREEN SPRING DR.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

900036275789  
05/13/04--01077--022 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

5/12  
JEM

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: Robert Liddell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-04 904-783-4600  
Date Daytime Phone #