

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90101 006 ***150.00

DOCUMENT # K00246

1. Entity Name
AMARAL CUSTOM HOMES, INC.



Principal Place of Business

**13 UTILITY DRIVE
P.O. BOX 350814
PALM COAST, FL 32135-7814**

Mailing Address

**13 UTILITY DRIVE
P.O. BOX 350814
PALM COAST, FL 32135-7814**

94006931



2. Principal Place of Business

13 Utility Drive

3. Mailing Address

13 Utility Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2857623

Applied For

Not Applicable

Zip

32137

Country

Zip

32137

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMARAL, ANTONIO & MARIA
13 UTILITY DRIVE
13 UTILITY DRIVE (OFFICE)
PALM COAST, FL 32137**

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: **PTD** ☐ Delete
NAME: **AMARAL, ANTONIO**
STREET ADDRESS: **9 COTTONWOOD CT**
CITY-ST-ZIP: **PALM COAST, FL 32133**

TITLE: **SD** ☐ Delete
NAME: **AMARAL, MARIA**
STREET ADDRESS: **9 COTTONWOOD CT**
CITY-ST-ZIP: **PALM COAST, FL 32137**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: **32137**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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

MARIA AMARAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04
Date

386-445-9393
Daytime Phone #