

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90001 006 ***550.00

DOCUMENT # K87606

1. Entity Name
ARISTOCRAT BUILDERS INC.



Principal Place of Business
**P.O. BOX 915221
LONGWOOD, FL 32791**

Mailing Address
**P.O. BOX 915221
LONGWOOD, FL 32791**

03192004



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0120637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ADAMS III, PAUL L.
808 SWEETWATER ISLAND CIRCLE
LONGWOOD, FL 32779**

**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

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 NAME STREET ADDRESS CITY - ST - ZIP	ST ADAMS, PAUL III 808 SWEETWATER ISL CIR LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMS, STEVEN, A P.O. BOX 915221 N/A LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Paul Adams

PAUL ADAMS

Apr. 15 2004

407 880 2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #