

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90024 035 ***158.75



DOCUMENT # K92956							
1. Entity Name GEORGE KAPLER HOMES, INC.							
Principal Place of Business 105 MARSHALL CIRCLE SAINT AUGUSTINE, FL 32086 US			Mailing Address 3501-B N. PONCE DE LEON BLVD PMB 367 SAINT AUGUSTINE, FL 32084				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2966568			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KAPLER, GEORGE 2925 OLD MOULTRIE ROAD ST. AUGUSTINE, FL 32086			Name Same				
			Street Address (P.O. Box Number is Not Acceptable) 3501-B N. Ponce de Leon Blvd. PMB 367				
			City Saint Augustine		FL	Zip Code 32084	
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			DATE 2-9-05				
Signature typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	KAPLER, GEORGE	NAME					
STREET ADDRESS	3501-B N PONCE DE LEON BLVD, STE #367	STREET ADDRESS					
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP					
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROY, GLYNDA	NAME					
STREET ADDRESS	540 WOOD CHASE DR	STREET ADDRESS					
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	CITY-ST-ZIP					
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROY, GLYNDA	NAME					
STREET ADDRESS	540 WOOD CHASE DR	STREET ADDRESS					
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:			Date 2-9-05		Daytime Phone # 9048790300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							