2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K92956

1. Entity Name
GEORGE KAPLER HOMES, INC.

Principal Place of Business	Mailing Address
105 MARSHALL CIRCLE SAINT AUGUSTINE, FL 32086 US	3501-B N. PONCE DE LEON BLVD PMB 367 SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2966568

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLER, GEORGE
3501-B N PONCE DE LEON BLVD
PMB 367
SAINT AUGUSTINE, FL 32084

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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
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KAPLER, GEORGE
STREET ADDRESS	3501-B N PONCE DE LEON BLVD, STE #367
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	DV
NAME	ROY, GLYNDA
STREET ADDRESS	540 WOOD CHASE DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	ST
NAME	ROY, GLYNDA
STREET ADDRESS	540 WOOD CHASE DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/06-80057-023 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Glynda Roy Glynda Roy 2-27-06 904 819 0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #