

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91206 015 \*\*\*150.00

**DOCUMENT # K95091**

1. Entity Name

FACTORY DIRECT HOMES OF TAMPA, INC.



Principal Place of Business

6681 49TH STREET NORTH  
PINELLAS PARK FL 33781

Mailing Address

6681 49TH STREET NORTH  
PINELLAS PARK FL 33781

64000000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2955106

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPRIN, DAVID  
6681 49TH STREET NORTH  
PINELLAS PARK FL 33781

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DST ☐ Delete  
NAME HALPRIN, LAURA A  
STREET ADDRESS 6681 49TH ST. NO.  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE D ☐ Delete  
NAME BRAME, ELAINE J.  
STREET ADDRESS ~~6761 APPLCROSS ST.~~  
CITY-ST-ZIP ~~ST. PETERSBURG FL~~

TITLE DP ☐ Delete  
NAME HALPRIN, DAVID A  
STREET ADDRESS 6681 49TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE DS ☐ Delete  
NAME HALPRIN, MICHAEL J  
STREET ADDRESS 6681 49TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33781

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

TITLE D ☒ Change ☐ Addition  
NAME Elaine J. Brame  
STREET ADDRESS 6681-49th Street No  
CITY-ST-ZIP Pinellas Park, FL 33781

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 727-821-4664