## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 12, 2004 08:00 AM **Secretary of State** DOCUMENT # L17470 1. Entity Name REGATTA HOMES, INC. Principal Place of Business Mailing Address 8055 S MILITARY TRAIL 8055 S MILITARY TRAIL BOYNTON BEACH, FL 33136 BOYNTON BEACH, FL 33136 US 07012004 No Chg-P \_CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0146798 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GRIESMER, PAUL 8055 S MILITARY TRAIL BOYNTON BEACH, FL 33136 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Flection Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE PVT GRIESMER, PAUL NAME STREET ADORESS 8055 S MILITARY TRAIL CITY-ST-ZIP BOYNTON BEACH, FL 33136 \_\_\_U00000165370 07/12/04-80008-025 150.00 33717 NAME STREET ADDRESS CATY-ST-ZIP TRLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE RIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. Turther certify that the information about 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 be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if dress, with all other like empowered. 12. I hereby certify that the information edpoindicated on this report or supplier ental of the corporation or the receiver or trust.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Paul Glicemer

**FILED**