

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90179 001 \*\*\*150.00  
02-27-2004 90179 002 \*\*\*\*\*8.75

**DOCUMENT # L64717**

1. Entity Name

IDEAL HOMES, INC.



Principal Place of Business

309 TAMiami TRAIL  
UNIT 111  
PUNTA GORDA FL 33950  
US

Mailing Address

309 TAMiami TRAIL  
UNIT 111  
PUNTA GORDA FL 33950  
US

2. Principal Place of Business

201 W. marion Ave

Suite, Apt. #, etc.

Suite 300

City & State

Punta Gorda, fl.

Zip

33950

Country

USA

3. Mailing Address

201 W. marion Ave

Suite, Apt. #, etc.

Suite 300

City & State

Punta Gorda, fl.

Zip

33950

Country

USA

66403672



MOORE

CR2E034 (11/03)

4. FEI Number

65-0183463

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, BRIAN L.  
710 HARBOUR DR.  
2477 HARBOR DRIVE  
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

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 PD ☐ Delete  
NAME ADAMO, ROBERT  
STREET ADDRESS 320 FLETCHER ST  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE VD ☐ Delete  
NAME ALAREZ, WILLIAM  
STREET ADDRESS 534 PHILODENDRON ST.  
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE STD ☐ Delete  
NAME MARTIN, BRIAN L.  
STREET ADDRESS 2477 HARBOUR DRIVE  
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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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 #

2-19-04