

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90099 003 ***158.75

DOCUMENT # L95533

1. Entity Name
AMERICANA REALTY OF CENTRAL FLORIDA, INC.



Principal Place of Business
**141 SAN JUAN CIR.
MELBOURNE, FL 32935-5416 US**

Mailing Address
**141 SAN JUAN CIR.
MELBOURNE, FL 32935-5416 US**

54060598



2. Principal Place of Business
**2801 SANDTRAP LN #1
Suite, Apt. #, etc.
MELBOURNE, FL**

3. Mailing Address
**2801 SANDTRAP LN #1
Suite, Apt. #, etc.
MELBOURNE, FL**

07032004 Chg-P CR2E034 (10/03)

Zip **32935** Country **USA**

Zip **32935** Country **USA**

4. FEI Number
59-3036739

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, JOHN H JR
141 SAN JUAN CIR.
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2801 SANDTRAP LN #1
City **MELBOURNE** FL Zip Code **32935**

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 **7-2-04**

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD ARNOLD, JOHN H JR 623 ADAMS AVE NE CAPE CANAVERAL, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ARNOLD, SHIRLEY S 330 SARONG CIR MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD 2801 SANDTRAP LN #1 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

MyName Prefix #

JOHN H. ARNOLD JR.

7-2-04 321-403-8474