


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000006513</b> 1. Entity Name <b>SWEET HOME COMMUNITY BUILDERS, INC.</b>					
Principal Place of Business <b>17201 S.W. 103RD AVENUE MIAMI FL 33157</b>			Mailing Address <b>17201 S.W. 103RD AVENUE MIAMI FL 33157</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0858670</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOWARD, BARBARA A 9456 S.W. 164TH COURT MIAMI FL 33196</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICHARDSON, WALTER T</b>		NAME	<b>000000211876</b>	
STREET ADDRESS	<b>7993 S.W. 187TH STREET</b>		STREET ADDRESS	<b>02/03/05-80006-003 122.50</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOWARD, BARBARA</b>		NAME		
STREET ADDRESS	<b>9456 S.W. 164TH COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33196</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KNOX, GEORGE</b>		NAME		
STREET ADDRESS	<b>3863 S.W. DOUGLAS ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33133</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MITCHELL, INEZ</b>		NAME		
STREET ADDRESS	<b>17924 N.W. 10TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD FL 33029</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOWARD, SAM</b>		NAME		
STREET ADDRESS	<b>19755 S.W. 135TH AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33177</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADRIENNE, WRIGHT L</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 770993</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33177</b>		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 617, 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.					
<b>SIGNATURE:</b> _____ <b>1-27-05</b>					