


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90395 037 \*\*\*150.00

<b>DOCUMENT # P00000004648</b> 1. Entity Name <b>ALTIERI HOMES OF FLORIDA, INC.</b>					
Principal Place of Business <b>1603 E. BLOOMINGDALE AVE. VALRICO, FL 33594</b>			Mailing Address <b>1603 E. BLOOMINGDALE AVE. VALRICO, FL 33594</b>		
2. Principal Place of Business <i>10913 Brucehaven Dr.</i>		3. Mailing Address <i>10913 Brucehaven Dr.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Riverview FL</i>		City & State <i>Riverview FL</i>		4. FEI Number <b>59-3620565</b>	
Zip <i>33569</i>		Country <i>USA</i>		Applied For Not Applicable	
Zip <i>33569</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAGEL, JEFFREY A 10913 BRUCEHAVEN DR. RIVERVIEW, FL 33569</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HAGEL, JEFFREY A 10913 BRUCEHAVEN DR. RIVERVIEW, FL 33569</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ALTEIRI, GREIG 9017 RED BRANCH RD., SUITE 201 COLUMBIA, MD 21045</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ALTIERI, DARIEN 9017 RED BRANCH RD., SUITE 201 COLUMBIA, MD 21045</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/16/04</i> (813)967-0701 <small>Daytime Phone #</small>		