

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90107 025 ***550.00

DOCUMENT # P00000010556

1. Entity Name
PERIOD STYLE HOMES, INC.



Principal Place of Business
1375 SIROCCO STREET
FT MYERS, FL 33919

Mailing Address
1375 SIROCCO STREET
FT MYERS, FL 33919



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0919321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAWRENCE, WILFORD A
1375 SIROCCO STREET
FT MYERS, FL 33919

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAWRENCE, WILFORD A
STREET ADDRESS	1375 SIROCCO STREET
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	VP
NAME	LAWRENCE, CLAY E
STREET ADDRESS	146 TEXAS AVENUE
CITY - ST - ZIP	FORT MYERS, FL 33905
TITLE	ST
NAME	GARRETT, GEOFFREY R
STREET ADDRESS	2248 ALDRIDGE AVENUE
CITY - ST - ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: Wilford A. Lawrence Wilford A. Lawrence 5-2-05 239-433-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #