

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000025216

1. Entity Name  
CHOICE BUILDERS CORPORATION



FILED

04 NOV -4 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
9019 LONG LAKE AVENUE  
BROOKSVILLE, FL 34613

Mailing Address  
9019 LONG LAKE AVENUE  
BROOKSVILLE, FL 34613

2. Principal Place of Business  
3445 EAGLE NEST DRIVE

3. Mailing Address  
3445 EAGLE NEST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004

Chg-P

CR2E034 (10/03)



City & State  
HERNANDO BEACH, FL

City & State  
HERNANDO BEACH, FL

4. FEI Number  
59-3642553

Applied For  
Not Applicable

Zip  
34607

Country

Zip  
34607

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAFKE, TIMOTHY H  
9019 LONG LAKE AVE  
BROOKSVILLE, FL 34613

Name  
HAFKE, TIMOTHY H.

Street Address (P.O. Box Number is Not Acceptable)  
3445 EAGLE NEST DRIVE

City  
HERNANDO BEACH

FL

Zip Code  
34607

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

x 10-28-04

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
HAFKE, TIMOTHY H  
STREET ADDRESS  
3445 EAGLE NEST DR.  
CITY-ST-ZIP  
SPRING HILL, FL 34607 ☐ Delete

TITLE  
NAME  
D/P/S  
HAFKE, TIMOTHY H.  
STREET ADDRESS  
3445 EAGLE NEST DRIVE  
CITY-ST-ZIP  
HERNANDO BEACH, FL 34607 ☒ Change ☐ Addition

TITLE  
NAME  
1V  
HAFKE, MAUREEN  
STREET ADDRESS  
3445 EAGLE NEST DR.  
CITY-ST-ZIP  
SPRING HILL, FL 34607 ☐ Delete

TITLE  
NAME  
ASST. S  
DEESE, GEOFFREY  
STREET ADDRESS  
5017 HARBINGER ROAD  
CITY-ST-ZIP  
SPRING HILL, FL 34608 ☐ Change ☒ Addition

TITLE  
NAME  
2  
PONKEY, JEFFEREY  
STREET ADDRESS  
9272 MICHIGAN AVE.  
CITY-ST-ZIP  
BROOKSVILLE, FL 34613 ☐ Delete

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

TITLE  
NAME  
T  
PONKEY, JOSEPH J  
STREET ADDRESS  
11194 PERSIMMON  
CITY-ST-ZIP  
BROOKSVILLE, FL 34613 ☐ Delete

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

TITLE  
NAME  
3VP  
TODD, RON  
STREET ADDRESS  
9043 MICHIGAN  
CITY-ST-ZIP  
BROOKSVILLE, FL 34613 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY H. HAFKE

x 10-28-04

Date

Daytime Phone #