

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000032455

1. Entity Name
TEMPLAR BUILDERS, INC.



Principal Place of Business
**222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH, FL 33401**

Mailing Address
**222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1003650

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARRY M. MESCHES, P.A.
222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH, FL 33401**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAY, GLEN LINTON JR 905 POPLAR DR LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELLIOTT, WALTER J 2611 OLD OKEECHOBEE RD W. PALM BCH, FL 33402
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COFFIN, WINDSOR D 2611 OLD OKEECHOBEE RD W. PALM BCH, FL 33402
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

~~U00000172168 A.A.
09/13/04-80002-012-158.75~~

U00000172168
09/13/04-80002-012-558.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER J. ELLIOTT VP 9/6/04 561.242.4901

Date

Daytime Phone #