

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90070 010 ***550.00

DOCUMENT # P00000071070

1. Entity Name

K & B DREAM HOMES, INC.



Principal Place of Business

5196 POND VIEW DRIVE
JACKSONVILLE FL 32258

Mailing Address

5196 POND VIEW DRIVE
JACKSONVILLE FL 32258

2. Principal Place of Business

5196 Pond View Drive

3. Mailing Address

P.O. Box 601000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip
32258

Country
U.S.A

Zip
32260

Country
U.S.A

4. FEI Number

59-3660713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUMPKIN, KENNY L
5196 POND VIEW DRIVE
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name Kenny L Lumpkin
Street Address (P.O. Box Number is Not Acceptable)
5196 POND VIEW DRIVE

City Jacksonville

FL

Zip Code
32258

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 Kenny L Lumpkin

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

(NOTE: Registered Agent signature required when reinstating)

7-26-04

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LUMPKIN, KENNY L
STREET ADDRESS 5196 POND VIEW DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE VP ☐ Delete
NAME GILICK, BARBARA
STREET ADDRESS 5196 POND VIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Kenny L Lumpkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04

Date

904-270-6329

Daytime Phone #