


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90116 006 \*\*\*150.00  
08-19-2005 90008 034 \*\*\*400.00

50062417

<b>DOCUMENT # P00000088530</b>			
1. Entity Name <b>BEN LAVARIAS CUSTOM HOMES, INC.</b>			
Principal Place of Business <b>13129 HARBORTON DR. JACKSONVILLE, FL 32224</b>		Mailing Address <b>13129 HARBORTON DR. JACKSONVILLE, FL 32224</b>	
2. Principal Place of Business <b>1300 Chelsey Cir.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1300 Chelsey Cir.</b> Suite, Apt. #, etc.	
City & State <b>St. Augustine FL</b> Zip <b>32092</b>		City & State <b>St. Augustine FL</b> Zip <b>32092</b>	
4. FEI Number <b>59-3677755</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LAVARIAS, RUBEN D 13129 HARBORTON DR. 1300 Chelsey Cir. JACKSONVILLE, FL 32224 St. Augustine FL 32092</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS LAVARIAS, RUBEN D <del>13129 HARBORTON DR.</del> 1300 Chelsey Cir. <del>JACKSONVILLE, FL 32224</del> St. Augustine FL 32092 <input type="checkbox"/> Delete	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 no title like empowered.			
SIGNATURE: _____		Date: <b>7/6/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



ATTACHMENT  
50062417

FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

July 14, 2005

**BEN LAVARIAS CUSTOM HOMES, INC.**  
1300 CHELSEY CIRCLE  
SAINT AUGUSTINE, FL 32092

Subject: **BEN LAVARIAS CUSTOM HOMES, INC.**

Reference Number: **P00000088530**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION