

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90020 037 ***150.00

DOCUMENT # P00000091309

1. Entity Name

W.J. SAUERWINE CUSTOM HOMES INC.



Principal Place of Business

2813 S. HIAWASSEE ROAD
SUITE 108
ORLANDO FL 32835

Mailing Address

9143 BALMORAL NEWS SQUARE
WINDERMERE FL 34786



2. Principal Place of Business

3. Mailing Address

2813 S. HIAWASSEE RD,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 108

City & State

City & State

ORLANDO FL

Zip

Country

Zip

Country

32835

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3675583

Applied For

Not Applicable

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

SAUERWINE, WILLIAM J
9143 BALMORAL NEWS SQUARE
WINDERMERE FL 34786

Name

Street Address (P.O. Box Number is Not Acceptable)

2813 S. HIAWASSEE RD. - SUITE 108

City

FL

Zip Code

ORLANDO

32835

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)

1-23-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PCEO ☐ Delete
NAME SAUERWINE, WILLIAM J
STREET ADDRESS 9143 BALMORAL NEWS SQUARE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2813 S. HIAWASSEE RD, SUITE 108
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ Delete
NAME SAUERWINE, WILLIAM J
STREET ADDRESS 9143 BALMORAL NEWS SQUARE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2813 S. HIAWASSEE RD, - SUITE 108
CITY-ST-ZIP ORLANDO FL 32835

TITLE DS ☐ Delete
NAME SAUERWINE, ELEANOR M
STREET ADDRESS 9143 BALMORAL MEWS SQUARE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2813 S. HIAWASSEE RD - SUITE 108
CITY-ST-ZIP ORLANDO FL 32835

TITLE VP ☐ Delete
NAME ROBINSON, DEBORAH M
STREET ADDRESS 8400 KEMPER LANE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2813 S. HIAWASSEE RD. - SUITE 108
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 119, 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:

William J. Sauerwine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06

407-288-2443

Date

Daytime Phone #