

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90001 018 ***150.00

DOCUMENT # P00000092901

1. Entity Name
MERCEDES HOMES OF TEXAS HOLDING CORP.



Principal Place of Business
6767 NORTH WICKHAM ROAD, SUITE 500
MELBOURNE, FL 32940

Mailing Address
6767 NORTH WICKHAM ROAD, SUITE 500
MELBOURNE, FL 32940

54067333



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07192004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
59-3675414

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

BUESCHER, KEITH
6767 N. WICKHAM RD STE 500
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KUSH, ROBERT M	
STREET ADDRESS	6767 NORTH WICKHAM ROAD, SUITE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUESCHER, KEITH	
STREET ADDRESS	6767 N. WICKHAM RD., STE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUESCHER, SCOTT	
STREET ADDRESS	6767 N. WICKHAM RD., STE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIRARD, SUSAN	
STREET ADDRESS	6767 N. WICKHAM RD., STE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWAIN, LINDA	
STREET ADDRESS	6767 N. WICKHAM RD., STE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buescher Jan	
STREET ADDRESS	6767 N. Wickham Rd., Ste 500	
CITY-ST-ZIP	Melbourne, FL 32940	

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

Date _____ Daytime Phone # _____