2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 05, 2004 8:00 am Secretary of State

DOCUMENT # P00000103403 1. Entity Name WESTBROOK HOMES, INC.					08-05-2004 9	90006 011 ***150	0.00	
Principal Place	e of Business					-		
P O BOX 1667 P O BOX 1667								
LAKE PLACID, FL 33862 LAKE PLACID, FL 33862					. •			
		3. Mailing Address	-					
26396 NADIR ROAD		26396 NADIR ROAD						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0513200	4 Chg-P	CR2E034 (10/03)		
#505		#505			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
City & State		City & State			4. FEI Number 65-1056181		oplied For	
PUNTA GORDA, FL		PUNTA GORDA, FL		05-11			ot Applicable	
Zip Country Zip		. _ '	Country	5. Certific			ditional	
33983	6. Name and Address of Current F	33983	USA	7 Name	and Address of New R	Fee Require		
	b. Name and Address of Current P	nogistered Agent	Name	7. Name i	IND Address of New H	egistered Agent		
					IN, SARAH			
510 BEAR RD			Street Address (P.O. Box Number is Not Acceptable)					
LAKE PLACID, FL 33852			<u> </u>	,				
				5396 NADIR ROAD #505				
City								
			PI	INTA GORE)A	_「Ŀ '33	983	
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/								
Stack San								
SIGNATURE Signasfire, typed or printed name of regulatered agent and title if applicable. (NOTE: Registered Agent bignature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.0 Trust Fund Contribution. — Added					In accordance v	with s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11,	ADDITIO	NS/CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11	
TITLE	Р	☐ Delete	TITLE	P	1	Change	☐ Addition	
NAME	HARDMAN, LUKE		NAME	HARDMAN, LUKE				
STREET ADDRESS	510 BEAR RD		STREET ADORESS	3620 CREEKSIDE DRIVE				
City-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	SEBRING	, FL 33875	ı			
TITLE	Т	☐ Delete	TITLE	T		Change	☐ Addition	
NAME	FLYNN, BRANDON	NAME	FLYNN, BRANDON					
STREET ADDRESS	P.O. BOX 1667	STREET ADDRESS	26396 N	396 NADIR ROAD #505				
CITY-ST-ZIP	LAKE PLACID, FL 33862		CITY-ST-ZIP	PUNTA GORDA, FL 33983				
TITLE	S	□ Delete	TITLE			€ Change	☐ Addition	
NAME	FLYNN, SARAH		NAME	FLYNN,	SARAH			
STREET ADDRESS	P.O. BOX 1667			26396 NADIR ROAD #505				
CITY-ST-ZIP	LAKE PLACID, FL 33862	·,	CITY-ST-ZIP		ORDA FI 3			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	4		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	3		CITY-ST-ZIP				ì	
TITLE	*	☐ Delete	TITLE			☐ Change	Addition	
TITLE NAME -			NAME				L. ROUIDON	
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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								
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.								
Lnangeo	, or on an attachment with an audress.	with an other like empowered.			1 4	. <i>i</i>		
SIGNAT	TUBE: DATEM	l		·	July 20. 7	2004		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Signing Phone #								