

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000103403

1. Entity Name
WESTBROOK HOMES, INC.



Principal Place of Business
26396 NADIR RD
505
PUNTA GORDA, FL 33983

Mailing Address
26396 NADIR RD
505
PUNTA GORDA, FL 33983

2. Principal Place of Business
3260 Creekside Drive
Suite, Apt. #, etc.

3. Mailing Address
3260 Creekside Drive
Suite, Apt. #, etc.

City & State
Sebring Florida
Zip 33875
Country

City & State
Sebring Florida
Zip 33875
Country

11122004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1056181
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLYNN, SARAH
26396 NADIR ROAD
505
PUNTA GORDA, FL 33983

7. Name and Address of New Registered Agent

Name Derrick E. Hansen
Street Address (P.O. Box Number is Not Acceptable)
1625 Hendry Street, Suite 301
City Fort Myers FL Zip Code 33901

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]* *[Signature]* 11/12/2004
Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARDMAN, LUKE	
STREET ADDRESS	3620 CREEKSIDE DR	
CITY-ST-ZIP	SEBRING, FL 33875	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, BRANDON	
STREET ADDRESS	26396 NADIR RD # 505	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, SARAH	
STREET ADDRESS	26396 NADIR RD # 505	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luke Hardman	
STREET ADDRESS	3620 Creekside Drive	
CITY-ST-ZIP	Sebring, FL 33875	
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		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/04 139-46-2580
Date Daytime Phone #

FILED

04 NOV 18 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

