2004 FOR PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT # P01000098758 03-15-2004 90168 001 ***450.00 1. Entity Name NATIONAL CUSTOM HOMES VIII, INC. Principal Place of Business Mailing Address 16415 MIZNER CLUB DR 16415 MIZNER CLUB DR 66405884 DELRAY BEACH, FL 33496 DELRAY BEACH, FL 33496 2. Principal Place of Business 3. Mailing Address Suite Al SeROGERS CIRCLE SUPPLATE S. PROGERS CIRCLE 01192004 Chg-P CR2E034 (10/03) SUITE 31 SUITE 31 CIBOGA RATON, FL 33487 CIBOCA RATON, FL 33487 4. FEL Number Applied For 65-1144812 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PFENDLER, RICHARD Street Address (P.J. 18 N8 nt ROGERS CHROLE 16415 MIZNER CLUB DR DELRAY BEACH, FL 33496 SUITE 31 **BOCA RATON, FL 33487** City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition PFENDLER, RICHARD 1181 S. ROGERS CIRCLE NAME NAME STREET ADDRESS 16415 MIZNER CLUB DR STREET ADDRESS SUITE 31 CITY-ST-ZIP DELRAY BEACH, FL 33496 CITY-ST-ZIP BOCA RATON, FL 33487 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE . Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 signard e 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

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NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIG G OFFICER OR DIRECTOR

☐ Delete

Delete

3-5· b4

Date

561 988 1267

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED

Secretary of State

Mar 15, 2004 8:00 am