

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90168 001 ***450.00

66405885



01132004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1152149** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P01000102496

1. Entity Name
NATIONAL CUSTOM HOMES IX, INC.



Principal Place of Business
**16415 MIZNER CLUB DRIVE
DELRAY BEACH, FL 33496**

Mailing Address
**16415 MIZNER CLUB DRIVE
DELRAY BEACH, FL 33496**

2. Principal Place of Business
**1181 S. ROGERS CIRCLE
Suite, Apt. #, etc. SUITE 31
BOCA RATON, FL 33487**

3. Mailing Address
**1181 S. ROGERS CIRCLE
Suite, Apt. #, etc. SUITE 31
BOCA RATON, FL 33487**

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**PFENDLER, RICHARD
16415 MIZNER CLUB DRIVE
DELRAY BEACH, FL 33496**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number, if applicable)
**1181 S. ROGERS CIRCLE
SUITE 31
BOCA RATON, FL 33487**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PFENDLER, RICHARD	
STREET ADDRESS	16415 MIZNER CLUB DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33496	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1181 S. ROGERS CIRCLE			
	SUITE 31			
	BOCA RATON, FL 33487			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard P. Pfendler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04 **561 988 1267**
Date Daytime Phone #