

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90027 037 ***150.00

DOCUMENT # P01000110150

1. Entity Name

RICHARD SPAETH CUSTOM HOMES, INC.



Principal Place of Business

5471 BLOOMFIELD BLVD
LAKELAND FL 33810

Mailing Address

5471 BLOOM FIELD BLVD.
LAKELAND FL 33810

2. Principal Place of Business

3. Mailing Address

2052 VIEWPOINT LANDINGS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKELAND FL.

Zip

Country

Zip

33810

Country

4. FEI Number

59-3757007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPAETH, RICHARD
252 RIDGEDALE DR.
LAKELAND FL 33809

2052 VIEWPOINT LANDINGS
LAKELAND FL 33810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME SPAETH, RICHARD J PRESIDE
STREET ADDRESS 252 RIDGEDALE DR.
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE PM
NAME MONTOYA, VYCTORIA B PRJ MGR
STREET ADDRESS 5471 BLOOMFIELD BLVD.
CITY-ST-ZIP LAKELAND FL 33810 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SPAETH, RICHARD S. PRESIDENT
NAME
STREET ADDRESS 2052 VIEWPOINT LANDINGS
CITY-ST-ZIP LAKELAND FL 33810 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 867 860-2893
Date Daytime Phone #