2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State
03-20-2007 90017 022 ***150.00

DOCUMENT # P01000117579

1. Entity Name
WILLIAM SCHORK COMPLETE HOME BUILDERS, INC.

Principal Place of Business	Mailing Address
524 PAUL MORRIS RD ENGLEWOOD FL 34223 US	524 PAUL MORRIS RD ENGLEWOOD FL 34223 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
524 PAUL MORRIS DR.			
Suite, Apt. #, etc. 'H'		Suite, Apt. #, etc.	
City & State ENGLEWOOD FL		City & State	
Zip 34223	Country USA	Zip	Country

4. FEI Number 01-0574700 ☐ 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
SCHORK, WILLIAM J 524 PAUL DR H ENGLEWOOD FL 34223	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] 1/26/07
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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHORK, WILLIAM J 7177 BROOKHAVEN TERRACE ENGLEWOOD FL 34224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHORK WILLIAM J. 524 PAUL MORRIS DR. H. ENGLEWOOD FL 34223	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, ROBERT J 7177 BROOKHAVEN TERRACE ENGLEWOOD FL 34224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS 21 PERIMETER DR. ENGLEWOOD FL 34223	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 exemptions contained in Section 119, 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] 1/26/07 941-4751588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #