

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117579

FILED
Apr 18, 2009
Secretary of State

Entity Name: WILLIAM SCHORK COMPLETE HOME BUILDERS, INC.

Current Principal Place of Business:

524 PAUL MORRIS RD
H
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

524 PAUL MORRIS RD
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 01-0574700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHORK, WILLIAM J
524 PAUL DR H
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHORK, WILLIAM J
Address: 524 PAUL MORRIS DR., H
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD () Delete
Name: ANDREWS, ROBERT J
Address: 21 PERIMETER DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: T () Delete
Name: GARCIA, ADOLFO
Address: 405 PALM AVE.
City-St-Zip: NOKOMIS, FL 34275

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHORK, WILLIAM J
Address: 524 PAUL MORRIS DR., H
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP (X) Change () Addition
Name: ANDREWS, ROBERT J
Address: 21 PERIMETER DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: T (X) Change () Addition
Name: SMITH, CHEYENNE
Address: 524 PAUL MORRIS DR. SUITE H
City-St-Zip: ENGLEWOOD,, FL 34223

Title: SEC () Change (X) Addition
Name: WHITMARSH, JOEY
Address: 524 PAUL MORRIS SUITE E
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J SCHORK

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date