## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2004 8:00 am Secretary of State DOCUMENT # P01000119094 1. Entity Name 02-04-2004 90061 041 \*\*\*150.00 CAMELOT CUSTOM HOMES, INC. Principal Place of Business Mailing Address 912 JOHNS COVE LANE OAKLAND FL 34760 PO BOX 2360 WINDERMERE FL 34786 **94009960** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 58-2666383 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33761 City Zip Code 8. The above named entity submits this ent 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 PRES.) 1-21-64 SIGNATURE stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition VINCENT J. ROSE JR. NAME ROSE, VINCENT J JR NAME BBOZ HERITAGE BAY CIR. 12 LAKE BREEZE DRIVE STREET ADDRESS STREET ADDRESS OPLANDO, FL 32836 CONNEAUT OH 44030. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition WICHOLLS & ZAPPITRUI NAME ZAPPITELLI, NICHOLAS A 128 COVELED BRIDGE W. 1 BRIDGEVIEW LANE STREET ADDRESS STREET ADDRESS OCOEE , FL 34761 CONNEAUT OH 44030 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAMÉ 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-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied within filing does for 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 of trustee employered to be equite 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

(PRES)

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND

YPED OR PRINTED N

FILED

467- 758-8797

Daytime Phone #

Date