


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90031 034 \*\*\*158.75

<b>DOCUMENT # P02000020643</b>					
<b>1. Entity Name</b> GORDON HOMES II, INC.					
<b>Principal Place of Business</b> 3839 NW BOCA RATON BLVD STE 100A BOCA RATON, FL 33431			<b>Mailing Address</b> 3839 NW BOCA RATON BLVD STE 100A BOCA RATON, FL 33431		
<b>2. Principal Place of Business - No P.O. Box #</b> 6464 BELLAMALFI ST.		<b>3. Mailing Address</b> 6464 BELLAMALFI ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> BOCA RATON, FL.		<b>City &amp; State</b> BOCA RATON, FL.		<b>4. FEI Number</b> 03-0411006	
<b>Zip</b> 33496		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEVINE, JEFFREY A 4000 N FEDERAL HWY STE 204 BOCA RATON, FL 33431 <i>6751 N. FEDERAL HIGHWAY                  SUITE 301                  BOCA RATON, FL 33487</i>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> GORDON, ROBERT		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b> 3839 NW BOCA RATON BLVD, STE 100A	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33431		6464 Bellamalfi Street Boca Raton, FL 33496		
<b>TITLE</b> VD	<b>NAME</b> GORDON, GARY		<input type="checkbox"/> Delete	6464 Bellamalfi Street Boca Raton, FL 33496	
<b>STREET ADDRESS</b> 3839 NW BOCA RATON BLVD, STE 100A	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33431		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					