

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90267 047 ***158.75

DOCUMENT # P02000029622

1. Entity Name

FANTASTIC HOMES CONSTRUCTION, INC.



Principal Place of Business

3013 SO. ATLANTIC AVENUE
UNIT 507
DAYTONA BEACH SHORES FL 32118

Mailing Address

3013 SO. ATLANTIC AVENUE
UNIT 507
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business

20 RADCLIFFE DR.

3. Mailing Address

20 RADCLIFFE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FLA.

City & State

PALM COAST, FLA.

4. FEI Number

59-3544044

Applied For

Not Applicable

Zip
32164

Country
FLAGLER

Zip
32164

Country
FLAGLER

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, FOSTER H
3013 SO. ATLANTIC AVENUE
UNIT 507
DAYTONA BEACH SHORES FL 32118

7. Name and Address of New Registered Agent

Name

FOSTER H. CLEMAN

Street Address (P.O. Box Number is Not Acceptable)

20 RADCLIFFE DR.

NEW ADDRESS

City

PALM COAST,

FL

Zip Code
32164

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D COLEMAN, FOSTER H	<input type="checkbox"/> Delete
STREET ADDRESS	3013 SO. ATLANTIC AVENUE #1101	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE NAME	SP COLEMAN, FOSTER	<input type="checkbox"/> Delete
STREET ADDRESS	3013 S ATLANTIC AVE UNIT 507	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE NAME	VP COLEMAN, RYAN J	<input type="checkbox"/> Delete
STREET ADDRESS	3013 S ATLANTIC AVE UNIT 507	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE NAME	VP KARCHHELL, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	3013 S ATLANTIC AVE UNIT 507	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PRES. FOSTER COLEMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20 RADCLIFFE DR.	ADDRESS
CITY-ST-ZIP	PALM COAST, FLA. 32164	
TITLE NAME	SEC. FOSTER H. COLEMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20 RADCLIFFE DR.	ADDRESS
CITY-ST-ZIP	PALM COAST, FLA. 32164	
TITLE NAME	VP RYAN COLEMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20 RADCLIFFE DR.	
CITY-ST-ZIP	PALM COAST, FLA. 32164	
TITLE NAME	BRAIN KARCHHELLA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20 RADCLIFFE DR.	
CITY-ST-ZIP	PALM COAST, FLA. 32164	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOSTER H. COLEMAN PRES.

Date

Daytime Phone #