

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90043 029 ***150.00

DOCUMENT # P02000033374

1: Entity Name

A-B HOMES, INC.



Principal Place of Business

PALM COAST FL
45 BRITTANY AVE
PALM COAST FL 32137

Mailing Address

PO BOX 3406
SAINT AUGUSTINE FL 32080

J4U6U3M



MOORE

CR2E034 (11/03)

2. Principal Place of Business

65 BOSTON LN
Suite, Apt. #, etc.

3. Mailing Address

65 BOSTON LN
Suite, Apt. #, etc.

City & State

PALM COAST FL

City & State

PALM COAST FL

Zip

32137

Country

USA

Zip

32137

Country

USA

4. FEI Number

02-0565969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALKHOURY, SAM
7018 A1A SOUTH
ST AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name JOAQUIM BARBOSA

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

65 BOSTON LN

City PALM COAST

FL

Zip Code 32137

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

Joachim Barbosa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-04

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P SA
NAME BARBOSA, JOAQUIM
STREET ADDRESS 45 BRITTANY AVE 65 BOSTON LN
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE VST
NAME ALKHOURY, SAM J
STREET ADDRESS 7018 A1A SOUTH
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VST
NAME JOSE ANTONIO REIS
STREET ADDRESS 94 WILKINFIELD DR, PALM COAST
CITY-ST-ZIP FL 32164 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 like empowered.

SIGNATURE: *Joachim Barbosa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #