

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90988 033 \*\*\*150.00

**DOCUMENT # P02000034702**

1. Entity Name  
**J SAUM HOMEBUILDING, INCORPORATED**



Principal Place of Business  
**4430 S. LAUREL POINT DR.  
LAKELAND, FL 33813**

Mailing Address  
**P.O. BOX 6476  
LAKELAND, FL 33807**

**14015468**



2. Principal Place of Business  
**636 Victoria Square Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**636 Victoria Square Lane**  
Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State  
**Lakeland, FL**

Zip  
**33813**

Country  
**FLK**

City & State  
**Lakeland, FL**

Zip  
**33813**

Country  
**FLK**

4. FEI Number  
**01-0660593**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SAUM, JEREMY  
4430 S. LAUREL POINT DR.  
LAKELAND, FL 33813**

**7. Name and Address of New Registered Agent**

Name

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

**636 Victoria Square Lane**

**Lakeland**

City

**FL**

Zip Code  
**33813**

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

**4/28/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	PD SAUM, JEREMY	<input type="checkbox"/> Delete
STREET ADDRESS	4430 S. LAUREL POINT DR.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE NAME	D SAUM, KRISTIN	<input type="checkbox"/> Delete
STREET ADDRESS	4430 S. LAUREL POINT DR.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	636 Victoria Square Lane	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	636 Victoria Square Lane	
CITY-ST-ZIP	Lakeland, FL 33813	
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		
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 like empowered.

SIGNATURE:

**JEREMY SAUM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/04**

Date

**863.581.6096**

Daytime Phone #