2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000091295

1. Entity Name BILTMORE HOMES & DEVELOPMENT, INC.

FILED Mar 11, 2004 08:00 AM Secretary of State

Principal Place of Business

1220 ARUBA COURT JACKSONVILLE, FL 32226 Mailing Address

1220 ARUBA COURT JACKSONVILLE, FL 32226



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No Chg-P

CR2E034 (10/03)

4. FEI Number 02-0639242

03092004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLVD. **SUITE 504** JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office or registered age:	nt, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. [NOTE, Registered Agent signature required when rein	stasing) - DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 Ms Trust Fund Contribution. Added to Fo	(1000000084815 ay Be (13/11/04-80022-025 155.00	
10.	OFFICERS AND DIREC	CTORS		
title Name Street address City-ST-Zip	D DUBBERLY, DALE A 1220 ARUBA COURT JACKSONVILLE, FL 32226			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME				

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS