


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90058 006 \*\*\*158.75

**DOCUMENT # P02000091457**  
 1. Entity Name  
**EMERALD HOMES OF SOUTH WEST FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**4406 SE 16TH PLACE**      **1238 SE 24TH AVE**  
**UNIT # 101**      **UNIT #101**  
**CAPE CORAL FL 33904**      **CAPE CORAL FL 33990**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**15150 Shamrock Drive**      **15150 Shamrock Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Fort Myers, Florida**      **FL. MYERS, Florida**  
 Zip      Country      Zip      Country  
**33912**      **Lce**      **33912**      **Lce**

4. FEI Number      Applied For  
**06-1640972**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**POWELL, WILLIAM M**  
**3515 DEL PRADO BLVD,**  
**SUITE 101**  
**CAPE CORAL, FLORIDA FL 33990**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_      **FL**      Zip Code \_\_\_\_\_

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 \_\_\_\_\_      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	MEISER, TIMOTHY S	
STREET ADDRESS	1238 SE 24TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MEISER, TODD L	
STREET ADDRESS	12979 PLANTATION ROAD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MEISER, CRISTINE D	
STREET ADDRESS	1238 S.E. 24TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:** Cristina Meiser      Cristine Meiser      3/15/04      (239) 229-8006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #