

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

3/31

03-31-2004 90037 014 ***150.00

DOCUMENT # P02000101103 1. Entity Name EWO HOMES, INC.																																																																																																																																																																													
Principal Place of Business 1515 S FEDERAL HWY STE 300 BOCA RATON FL 33432			Mailing Address 1515 S FEDERAL HWY STE 300 BOCA RATON FL 33432																																																																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																										
City & State			City & State																																																																																																																																																																										
Zip		Country		4. FEI Number 41-2061034																																																																																																																																																																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																																																									
6. Name and Address of Current Registered Agent GILLESPIE, R. BROWN, III 1515 S FEDERAL HWY STE 300 BOCA RATON FL 33432			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 see 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																																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>J AIS, WOLFGANG</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">1515 S FEDERAL HWY STE 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">BOCA RATON FL 33432</td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MAIER, PETER</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">KLENZESTRASSE 99</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">MUNICH WEST GERMANY</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>GILLESPIE, BOWEN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">1515 S FEDERAL HWY #300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">BOCA RATON FL</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	J AIS, WOLFGANG		NAME			STREET ADDRESS	1515 S FEDERAL HWY STE 300					CITY-ST-ZIP	BOCA RATON FL 33432					TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MAIER, PETER		NAME			STREET ADDRESS	KLENZESTRASSE 99					CITY-ST-ZIP	MUNICH WEST GERMANY					TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	GILLESPIE, BOWEN		NAME			STREET ADDRESS	1515 S FEDERAL HWY #300					CITY-ST-ZIP	BOCA RATON FL					TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS						CITY-ST-ZIP						TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS						CITY-ST-ZIP						TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS						CITY-ST-ZIP					
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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: Wolfgang Jais SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/15/04 Date																																																																																																																																																																										
			0114989/20242-200 Daytime Phone #																																																																																																																																																																										

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