

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90219 036 ***150.00

DOCUMENT # P02000105484

1. Entity Name
PROMISED LAND HOMES, INC.



Principal Place of Business
**2806 SPANISH OAK CT
CLEARWATER, FL 33761**

Mailing Address
**2806 SPANISH OAK CT
CLEARWATER, FL 33761**

94073915



2. Principal Place of Business

3241 Brushwood Ct
Suite, Apt. #, etc.

3. Mailing Address

3241 Brushwood Ct
Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

71-0923472

Applied For

Not Applicable

Zip

Country

33761

Zip

Country

33761

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STOCKHAUSEN, JOHN P
2806 SPANISH OAK CT
CLEARWATER, FL 33761**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STOCKHAUSEN, JOHN P**
STREET ADDRESS **2806 SPANISH OAK CT**
CITY - ST - ZIP **CLEARWATER, FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Vice President D** ☐ Change ☒ Addition
NAME **STOCKHAUSEN, John**
STREET ADDRESS **3241 Brushwood Ct**
CITY - ST - ZIP **Clearwater, FL 33761**

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

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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04

727/722-0500