

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90479 047 ***150.00

DOCUMENT # P02000126555

1. Entity Name

R&E HOMES OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

~~1113 OCOEE-APOPKA RD~~

~~1113 OCOEE-APOPKA RD~~

~~OCOEE FL 34761~~

~~OCOEE FL 34761~~

3800 Silver Rose ct
Orlando, FL 32808

3800 Silver Rose ct
Orlando, FL 32808

2. Principal Place of Business

3. Mailing Address

3800 Silver Rose ct

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando

City & State

City & State

FL

Zip

Country

32808

Orange

Zip

Country

4. FEI Number

61-1437513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, RONNIE L
1113 OCOEE-APOPKA RD
OCOEE FL 34761

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	EVANS, RONNIE L	
STREET ADDRESS	1113 OCOEE-APOPKA RD	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, RONNIE L	
STREET ADDRESS	1113 OCOEE-APOPKA RD	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Ronnie L. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-04 407-293-9574

Date

Daytime Phone #