2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/2

FILED
Jul 29, 2004 8:00 am
Secretary of State
07-20-2004 90002 030 ***150.00
07-29-2004 90006 018 ***400.00

54065733

MOORE CR2E034 (11/03)

DOCUMENT # P03000013921

1. Entity Name
REYNOLDS HOME BUILDERS, INC.

Principal Place of Business	Mailing Address
~~13000~~ FOREST RUN COURT TALLAHASSEE FL 32317 13050	~~13000~~ FOREST RUN COURT TALLAHASSEE FL 32317 13050

2. Principal Place of Business	3. Mailing Address
13050 Forest Run Ct	13050 Forest Run Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32317 Country: USA	Zip: 32317 Country: USA

4. FEI Number: 61-1450721 ☐ 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
REYNOLDS, DEBBIE ~~13000~~ FOREST RUN COURT TALLAHASSEE FL 32317 13050	Name: Debbie Reynolds Street Address (P.O. Box Number is Not Acceptable): 13050 Forest Run Ct City: Tallahassee, FL Zip Code: 32317

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] 7/16/04
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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, DEBBIE	NAME	
STREET ADDRESS	13000 FOREST RUN COURT	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32317	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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], Debbie Reynolds 7/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #