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

SIGNATURE:

## Mar 02, 2004 8:00 am **DOCUMENT # P03000033884 Secretary of State** 1. Entity Name 03-02-2004 90035 047 \*\*\*150.00 PARNELL HOMES. INC. Principal Place of Business Mailing Address 1870 WALKER AVE 1870 WALKER AVE WINTER PARK FL 32789-3981 WINTER PARK FL 32789-3981 2. Principal Place of Business Mailing Address, 7300 Amson <u> 136</u> Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (11/03) MOORE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RYAN, RUTH P Street Address (P.O. Box Number is Not Acceptable) 1870 WALKER AVE 1 WINTER PARK FL 32789-3981 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 title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCEO** TITLE ☐ Delete TITLE Change : Addition Address RYAN, ANDREW J NAME NAME 4736 Anson Lane STREET ADDRESS 1870 WALKER AVE STREET ADDRESS only WINTER PARK FL 32789-3981 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition RYAN, ANDREW J Address NAME 4736 Anson Lane STREET ADDRESS 1870 WALKER AVE STREET ADDRESS only WINTER PARK FL 32789-3981 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE --☐ Change ☐ Addition MANAE NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trystee 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 a fladdress, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED