

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90003 032 ***150.00

DOCUMENT # P03000047928

1. Entity Name
NOMAD BUILDERS, INC.



Principal Place of Business
435 S RIDGEWOOD AVE #210
DAYTONA BEACH, FL 32174

Mailing Address
435 S RIDGEWOOD AVE #210
DAYTONA BEACH, FL 32174

2. Principal Place of Business
1406 OAK FOREST DR
Suite, Apt. #, etc.

3. Mailing Address
1406 OAK FOREST DR
Suite, Apt. #, etc.

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

Zip
32174

Country
VOLUSIA

Zip
32174

Country
VOLUSIA

09132004 Chg-P CR2E034 (10/03)

4. FEI Number
55-0827148

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WORDEN, CHRIS
1406 OAK FOREST DR
ORMOND BEACH, FL 32174

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004
Ext - Oct 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WORDEN, CHRIS 1406 OAK FOREST DR. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BOE, ARNOLD 170 NORTH YOUNGE ST.#33 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/17/04 Daytime Phone #