

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90043 016 ***150.00

DOCUMENT # P03000101056

1. Entity Name

TEAM EXPRESS HOMEBUYERS, INC.



Principal Place of Business

940 NW 5TH TERRACE
CRYSTAL RIVER FL 34428
US

Mailing Address

940 NW 5TH TERRACE
CRYSTAL RIVER FL 34428
US

2. Principal Place of Business

7705 Wexford Way
Suite, Apt. #, etc.

3. Mailing Address

7705 Wexford Way
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Port St. Lucie, Florida

Zip 34986

Country USA

City & State

Port St. Lucie, FL

Zip 34986

Country USA

4. FEI Number

73-1689567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUVIER, PAUL A
3210 N. WICKHAM ROAD
5
MELBOURNE FL 32935

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

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

TITLE P
NAME SPIVEY, DAVID M ☐ Delete
STREET ADDRESS 940 NW 5TH TERRACE
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Vice President ☒ Change ☐ Addition
NAME David M. Spivey
STREET ADDRESS 940 N.W. 5th Terrace
CITY-ST-ZIP Crystal River, FL 34428

TITLE Secretary ☐ Change ☒ Addition
NAME Thomas R. Bouvier
STREET ADDRESS 7705 Wexford Way
CITY-ST-ZIP Port St. Lucie, Florida 34986

TITLE President ☐ Change ☒ Addition
NAME Ralph C. Pratt
STREET ADDRESS 10815 S.W. 11th Lane
CITY-ST-ZIP Gainesville, Florida 32607

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

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

TITLE ☐ Change ☐ 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:

Thomas R. Bouvier, Secretary 3/3/04 772-359-7236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #