

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90290 013 ***150.00

DOCUMENT # P03000102577

1. Entity Name

JOHN KALINAUSKAS HOME BUILDER, INC.



Principal Place of Business

117 LAUGHING GULL
DAYTONA BEACH FL 32119

Mailing Address

117 LAUGHING GULL
DAYTONA BEACH FL 32119

2. Principal Place of Business

101 GOLDEN PLOVER CT

3. Mailing Address

101 GOLDEN PLOVER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

4. FEI Number

45-0525119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

KALINAUSKAS, JOHN
117 LAUGHING GULL
DAYTONA BEACH FL 32119

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

JOHN KALINAUSKAS PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.04.06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 PST ☐ Delete
NAME KALINAUSKAS, JOHN
STREET ADDRESS 117 LAUGHING GULL
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE D ☐ Delete
NAME KALINAUSKAS, JOHN
STREET ADDRESS 117 LAUGHING GULL
CITY-ST-ZIP DAYTONA BEACH FL 32119

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 119, 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: JOHN KALINAUSKAS PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.04.06 386.589.4312

Date

Daytime Phone #