2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

[redacted]

FILED
2007 APR 16 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000102577

1. Entity Name
JOHN KALINAUSKAS HOME BUILDER, INC.

Principal Place of Business	Mailing Address
101 GOLDEN PLOVER CT DAYTONA BEACH FL 32119	101 GOLDEN PLOVER CT DAYTONA BEACH FL 32119

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
101 Golden Plover Ct	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach FL	City & State
Zip: 32119 Country: Volusia	Zip Country

4. FEI Number 45-0525119 ☐ 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
KALINAUSKAS, JOHN 117 LAUGHING GULL DAYTONA BEACH FL 32119	Name: John Kalinauskas Street Address (P.O. Box Number is Not Acceptable): 101 Golden Plover Ct City: Daytona Beach FL Zip Code: 32119

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 3-3-07
Signature, Type or Print 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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST KALINAUSKAS, JOHN 117 LAUGHING GULL DAYTONA BEACH FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same 101 Golden Plover Ct Same	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 4/18/07	☐ Change ☐ Addition

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: 3-3-07 386-589-4312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #