

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90034 047 \*\*\*158.75

**DOCUMENT # P03000138606**

1. Entity Name

CMC HOMES, INC.



Principal Place of Business

133 N MCGOWAN AVE  
CRYSTAL RIVER FL 34429

Mailing Address

133 N MCGOWAN AVE  
CRYSTAL RIVER FL 34429

2. Principal Place of Business

133 N MCGOWAN AVE

Suite, Apt. #, etc.

3. Mailing Address

133 N MCGOWAN AVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

CRYSTAL RIVER FL

Zip

34429

Country

CTRLR

City & State

CRYSTAL RIVER FL

Zip

34429

Country

CITRLR

4. FEI Number

84 1630855

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.  
200 LAURA ST N THIRD FL  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name JEANNETTE STAFFORD

Street Address (P.O. Box Number is Not Acceptable)

133 N MCGOWAN AVE

City

CRYSTAL RIVER

FL

Zip Code

34429

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

*Jeannette Stafford*

JEANNETTE STAFFORD PRESIDENT

3/19/04

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 D ☐ Delete  
NAME STAFFORD, RICHARD L  
STREET ADDRESS 133 N MCGOWAN AVE  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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 PRESIDENT ☒ Change ☐ Addition  
NAME JEANNETTE STAFFORD  
STREET ADDRESS 133 N MCGOWAN AVE  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE SECRETARY ☒ Change ☐ Addition  
NAME RICHARD L STAFFORD  
STREET ADDRESS 133 N MCGOWAN AVE  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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

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:

*Jeannette Stafford*

JEANNETTE STAFFORD

Date

3/19/04 1322 295 4703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #