

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 12 AM 11:19

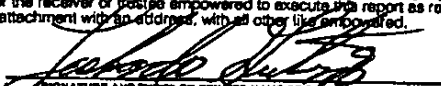
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66011200

4/18/05 90299 025 150.00



02222005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000038901																	
1. Entity Name INTEGRO HOMES, INC.																	
Principal Place of Business 5780 HOUGHIN STREET NAPLES, FL 34109			Mailing Address 5780 HOUGHIN STREET NAPLES, FL 34109														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.														
City & State			City & State														
Zip	Country	Zip	Country	4. FEI Number 20-0796401													
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable													
6. Name and Address of Current Registered Agent GANGL, SANDRA 7915 PRESERVE CIR 222 NAPLES, FL 34119																	
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 \$180.00 After May 1, 2005 Fee will be \$850.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees														
10. OFFICERS AND DIRECTORS																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1"> <tr> <td>PO RICARDO, REINALDO 1030 39TH ST SW NAPLES, FL 34117</td> <td>☐ Delete</td> </tr> <tr> <td>VD GUTIERREZ, LEOBARDO 642 105TH AVE N. NAPLES, FL 34108</td> <td>☐ Delete</td> </tr> <tr> <td>SD POTES, LINO 2841 24TH AVE NE NAPLES, FL 34120</td> <td>☐ Delete</td> </tr> <tr> <td>TD GANGL, SANDRA 7915 PRESERVE CIR. #222 NAPLES, FL 34119</td> <td>☐ Delete</td> </tr> <tr> <td></td> <td>☐ Delete</td> </tr> <tr> <td></td> <td>☐ Delete</td> </tr> </table>					PO RICARDO, REINALDO 1030 39TH ST SW NAPLES, FL 34117	☐ Delete	VD GUTIERREZ, LEOBARDO 642 105TH AVE N. NAPLES, FL 34108	☐ Delete	SD POTES, LINO 2841 24TH AVE NE NAPLES, FL 34120	☐ Delete	TD GANGL, SANDRA 7915 PRESERVE CIR. #222 NAPLES, FL 34119	☐ Delete		☐ Delete		☐ Delete
PO RICARDO, REINALDO 1030 39TH ST SW NAPLES, FL 34117	☐ Delete																
VD GUTIERREZ, LEOBARDO 642 105TH AVE N. NAPLES, FL 34108	☐ Delete																
SD POTES, LINO 2841 24TH AVE NE NAPLES, FL 34120	☐ Delete																
TD GANGL, SANDRA 7915 PRESERVE CIR. #222 NAPLES, FL 34119	☐ Delete																
	☐ Delete																
	☐ Delete																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1"> <tr> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>☐ Change ☐ Addition</td> </tr> </table>						☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		
	☐ Change ☐ Addition																
	☐ Change ☐ Addition																
	☐ Change ☐ Addition																
	☐ Change ☐ Addition																
	☐ Change ☐ 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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	
Date _____ Daytime Phone # _____																	

5/12/05