

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000042561

1. Entity Name
JEREZ HOME BUILDERS, INC.



Principal Place of Business
**600 SW 9 AVE
CAPE CORAL, FL 33991**

Mailing Address
**600 SW 9 AVE
CAPE CORAL, FL 33991**



05152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0836189

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEREZ, SAMUEL
600 SW 9 AVE
CAPE CORAL, FL 33991-2433**

**DO NOT WRITE
IN THIS SPACE**

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 *Samuel Jerez* (PRESIDENT) SAMUEL JEREZ 8/29/06
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000575746
08/31/06-80002-009 550.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JEREZ, SAMUEL
STREET ADDRESS	600 SW 9 AVE
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	PSD
NAME	JEREZ, ESTACIO
STREET ADDRESS	600 SW 9 AVE
CITY-ST-ZIP	CAPE CORAL, FL 339912433
TITLE	VD
NAME	JEREZ, OSIRIS M
STREET ADDRESS	600 SW 9 AVE
CITY-ST-ZIP	CAPE CORAL, FL 339912433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Samuel Jerez* SAMUEL JEREZ 8/29/06 (239)772-9149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #