

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90276 026 ***158.75

DOCUMENT # P04000108838

1. Entity Name
HANMAR QUALITY HOMES, INC.



Principal Place of Business
**311 OAK AVENUE
P.O. BOX 4626
SANTA ROSA BEACH, FL 32459**

Mailing Address
**311 OAK AVENUE
P.O. BOX 4626
SANTA ROSA BEACH, FL 32459**

20046613



2. Principal Place of Business

311 OAK AVE

Suite, Apt. #, etc.

3. Mailing Address

311 OAK AVE.

Suite, Apt. #, etc.

04132005 Chg-P CR2E034 (10/03)

City & State
SANTA ROSA BEACH, FL

Zip
32459

Country
USA

City & State
SANTA ROSA BEACH, FL

Zip
32459

Country
WALTON U.S.A.

4. FEI Number
20-1438584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEEKS, HANK
311 OAK AVENUE
SANTA ROSA BEACH, FL 32459**

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

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, 2005 Fee will be \$550.00**

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
**D
LINDSEY, LAMAR
25009 NORTH CREEK ROAD
OPP, AL 36457** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEEKS, HANK
P.O. BOX 4626
SANTA ROSA BEACH, FL 32459** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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 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

Lamar Lindsey

19 APRIL 05