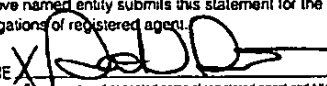


Florida JUL 05 2005

06-20-2005 90003 010 ***150.00
P04000114130

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000114130 1. Entity Name AMERIHOM BUILDERS, INC			
Principal Place of Business 25020 US 19 N. CLEARWATER, FL 33763		Mailing Address 25020 US 19 N. CLEARWATER, FL 33763	
2. Principal Place of Business 7914 US 19 N		3. Mailing Address 7914 US 19 N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT RICHEY, FLORIDA		City & State PORT RICHEY, FLORIDA	
Zip 34668		Zip 34668	
Country		Country	
4. FEI Number 01-0548794		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMBERLAIN, JOEL CPA 4720 SALISBURY ROAD SUITE 208 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name DANIEL J DEPIES Street Address (P.O. Box Number is Not Acceptable) 7914 US 19 N City PORT RICHEY FL Zip Code 34668	
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 		DANIEL J DEPIES (NOTE: Registered Agent signature required when remaining)	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKOCZYNSKI, BRUNO E 307 EDGEWATER DR DUNEDIN, FL 34698	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERESOLI, FRANK 307 EDGEWATER DR. DUNEDIN, FL 34698	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ 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 another line empowered.			
SIGNATURE: 		X 6-15-05 X 727-569-1970 Date Daytime Phone	