JUL 0 5 2005
06-20-2005 90003 010 ***150.00
P04000114130

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 5
SECRETARY OF STATE
TALLAHASSEE

06142005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000114130

1. Entity Name
AMERIHOME BUILDERS,INC

Principal Place of Business	Mailing Address
25020 US 19 N. CLEARWATER, FL 33763	25020 US 19 N. CLEARWATER, FL 33763

2. Principal Place of Business	3. Mailing Address
7914 US 19 N	7914 US 19 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT RICHEY, FLORIDA	City & State: PORT RICHEY, FLORIDA
Zip: 34668 Country:	Zip: 34668 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 X [signature] DANIEL J DEPIES X 6/15/05
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
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERESOLI, FRANK 307 EDGEWATER DR. DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: X [signature] X 6-15-05 X 727-569-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #