

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90006 045 ***150.00

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1. Entity Name
AMERICAN INVEST HOMES INC.



Principal Place of Business
**992 TAMiami TRAIL SUITE A
PORT CHARLOTTE, FL 33953**

Mailing Address
**992 TAMiami TRAIL SUITE A
PORT CHARLOTTE, FL 33953**

50000587



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FFL Number
20-1553795

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHADBOURNE, KENNETH
992 TAMiami TRAIL SUITE A
PORT CHARLOTTE, FL 33953**

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 PD
NAME CHADBOURNE, KENNETH J ☐ Delete
STREET ADDRESS 992 TAMiami TRAIL SUITE A
CITY-ST-ZIP PORT CHARLOTTE, FL 33953

TITLE V
NAME MILLER, ERIC H ☐ Delete
STREET ADDRESS 992 TAMiami TRAIL SUITE A
CITY-ST-ZIP PORT CHARLOTTE, FL 33953

TITLE S
NAME KLEBER, BODO ☐ Delete
STREET ADDRESS 992 TAMiami TRAIL SUITE A
CITY-ST-ZIP PORT CHARLOTTE, FL 33953

TITLE T
NAME KEBER, VINCENT ☐ Delete
STREET ADDRESS 992 TAMiami TRAIL SUITE A
CITY-ST-ZIP PORT CHARLOTTE, FL 33953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-255-1100