## 2005 FOR PROFIT CORPORATION • - -AMENDED ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## DOCUMENT # P04000152035 FILED 1. Entity Name SECRETARY OF STATE LOUIS GONZALEZ RESIDENTIAL BUILDERS, INC. DIVISION OF CORPORATIONS 05 OCT 28 AM 10: 21 Principal Place of Business Mailing Address 11748 LAKEWOOD DRIVE 11748 LAKEWOOD DRIVE HUDSON, FL 34669 HUDSON, FL 34669 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 57-1214330 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, LOUIS 11748 LAKEWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) HUDSON, FL 34669 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITI F ☐ Delete TITLE ☐ Change **⊠** Addition Louis Gonzalez Sr. GONZALEZ, LOUIS NAME NAME 11735 Lakewood Drive STREET ADDRESS 11748 LAKEWOOD DRIVE STREET ADDRESS HUDSON, FL 34669 CITY-ST-ZIP CITY-ST-ZIP Hudson, FL 34669 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 400061003214 STREET ADDRESS 10/28/05--01048--004 \*\*70.D0 CITY-ST-ZIP CITY-ST-ZIP 11TLF TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ouis Goverler Jr. 10/24/05(727)99