

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000061823

1. Entity Name
CREEZ HOMES, INC.



FILED

06 MAR 26 PM 4:48

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
6071 TIDEWATER ISLAND CIRCLE
FT MYERS, FL 33908

Mailing Address
6071 TIDEWATER ISLAND CIRCLE
FT MYERS, FL 33908

[Handwritten signature]



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

55-0895815

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

MERRALLS, TRACEY J
4291 PAR VIEW DR
SANIBEL, FL 33957

6071 TIDEWATER ISLAND CIRCLE
FT. MYERS, FL, 33908

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 *T. MERRALLS T.J. MERRALLS*

3-21-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MERRALLS, TRACEY J
STREET ADDRESS 1291 PAR VIEW DR
CITY-ST-ZIP SANIBEL, FL 33957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6071 TIDEWATER ISLAND CIRCLE
CITY-ST-ZIP FT. MYERS, FL, 33908

TITLE VD ☐ Delete
NAME MERRALLS, EDWARD J
STREET ADDRESS 1291 PAR VIEW DR
CITY-ST-ZIP SANIBEL, FL 33957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6071 TIDEWATER ISLAND CIRCLE
CITY-ST-ZIP FT. MYERS, FL, 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 exemptions contained in Chapter 119, 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: *T. MERRALLS T.J. MERRALLS*

3-21-06

239-461-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #