

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P33942

1. Entity Name
JOHN WIELAND HOMES OF JACKSONVILLE, INC.



Principal Place of Business
**3901 MONUMENT ROAD
JACKSONVILLE, FL 32225**

Mailing Address
**1950 SULLIVAN ROAD
ATTN: RICHARD A. BACON
ATLANTA, GA 30337 US**



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1942818

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GILES, RICK
3901 MONUMENT ROAD
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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	WIELAND, JOHN F.
STREET ADDRESS	1950 SULLIVAN RD.
CITY - ST - ZIP	ATLANTA, GA 30337
TITLE	VAS
NAME	BACON RICHARD A.
STREET ADDRESS	1950 SULLIVAN RD.
CITY - ST - ZIP	ATLANTA, GA 30337
TITLE	CFO
NAME	RAY, DOUG
STREET ADDRESS	1950 SULLIVAN RD
CITY - ST - ZIP	ATLANTA, GA 30337
TITLE	V
NAME	GILES, RICK
STREET ADDRESS	3901 MONUMENT RD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	SDT
NAME	WEILAND SUSAN W.
STREET ADDRESS	1950 SULLIVAN RD.
CITY - ST - ZIP	ATLANTA, GA 30337
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/07/05-80041-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard Bacon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05 770-703-2205
Date Daytime Phone #

RICHARD BACON, VP