2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State
02-11-2005 90132 001 *1,050.00

DOCUMENT # P93000074736

1. Entity Name
NU-ERA HOMES, INC.

66005332

Principal Place of Business	Mailing Address
2355 W SILVER HILL LANE LECANTO, FL 34461 US	PO BOX 781 CRYSTAL RIVER, FL 34423 US

01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3208028
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIEBERMAN, RONALD
XXXXXXXXX P 0 Box 641004
X HOMOSASSA FLX 34448 Beverly Hills Fla 34464
2355 W Silverhill Lane
Lecanto Fla 34461

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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	LIEBERMAN, RONALD
STREET ADDRESS	XXXXXXXXX P 0 Box 641004
CITY-ST-ZIP	HOMOSASSA FLX 34448 BEverly Hills Fla34464
TITLE	SD
NAME	LIEBERMAN, GINGER
STREET ADDRESS	XXXXXXXXX P 0 Box 641004
CITY-ST-ZIP	HOMOSASSA FLX 34448 Beverly Hills Fla34464
TITLE	UP
NAME	LIEBERMAN, COLIN
STREET ADDRESS	XXXXXXXXX P 0 Box 641004
CITY-ST-ZIP	HOMOSASSA FLX 34448 Beverly Hills Fl 34464
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ 1/31/05 352-527-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #