

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000093931

1. Entity Name
CREATIVE CHOICE HOMES VIII, INC.



Principal Place of Business
C/O CREATIVE CHOICE HOMES
4243-D NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

Mailing Address
C/O CREATIVE CHOICE HOMES
4243-D NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

FILED
04 MAR -2 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0545712

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAROT, DILIP
4243 D NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
WEIR, JOHN F
4243-D NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KAKKAR, YASHPAL
4243-D NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TDP
BAROT, DILIP
4243-D NORTHLAKE BLVD
PALM BCH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300030383843
03/12/04--01050--025 **158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #