

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-16-2004 90009 048 ***150.00

DOCUMENT # P95000019933

1. Entity Name
CAMBRIDGE HOME BUILDERS, INC.



Principal Place of Business
**2651 ULMERTON ROAD
CLEARWATER, FL 33762**

Mailing Address
**2651 ULMERTON ROAD
CLEARWATER, FL 33762**

66430986



2. Principal Place of Business

**4556 S. MANHATTAN AVE
SUITE, APT. #, etc.
STEM**

3. Mailing Address

**4556 S. MANHATTAN AVE
SUITE, APT. #, etc.
STEM**

06152004

Chg-P

CR2E034 (10/03)

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33611

Country

US

Zip

33611

Country

US

4. FEI Number

59-3303355

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DANN, PHILIP W
540 FOURTH STREET NORTH
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	GIBALDI, MICHAEL	
STREET ADDRESS	1719 MEXICO AVENUE	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	NAGEL, ROBERT M	
STREET ADDRESS	345 BAYSHORE BLVD, #714	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3822 W. TACON	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Nagel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04

Date

813-831-2995

Daytime Phone #

ROBERT M. NAGEL - PRESIDENT