


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90362 005 ***150.00

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| DOCUMENT # P95000056213 1. Entity Name ASSOCIATED HOMES INC. | | | |  | |
| Principal Place of Business 1646 SW BILTMORE ST PORT SAINT LUCIE, FL 34983 US | | | Mailing Address 1646 SW BILTMORE ST PORT SAINT LUCIE, FL 34983 US | | |
| 2. Principal Place of Business 2710 SW Port St Lucie Blvd Suite, Apt. #, etc. | | 3. Mailing Address 2710 SW Port St Lucie Blvd Suite, Apt. #, etc. | | | |
| City & State Port St Lucie FL Zip 34953 | | City & State Port St Lucie FL Zip 34953 | | 4. FEI Number 65-0761524 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TURSCAK, JEREMY P 1646 SW BILTMORE ST PORT SAINT LUCIE, FL 34983 | | | | 7. Name and Address of New Registered Agent Name Turcsak, Jeremy P Street Address (P.O. Box Number is Not Acceptable) 2710 SW Port St Lucie Blvd City Port St Lucie FL Zip Code 34953 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE VPT NAME TURSCAK, PAUL T STREET ADDRESS 1646 SW BILTMORE STREET CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 | <input type="checkbox"/> Delete | | TITLE VPT NAME Turcsak, Paul T STREET ADDRESS 2710 SW Port St Lucie Blvd CITY-ST-ZIP Port St Lucie FL 34953 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE PS NAME TURSCAK, JEREMY P STREET ADDRESS 1646 SW BILTMORE STREET CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 | <input type="checkbox"/> Delete | | TITLE PS NAME Turcsak, Jeremy P STREET ADDRESS 2710 SW Port St Lucie Blvd CITY-ST-ZIP Port St Lucie FL 34953 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u><i>Jeremy P. Turcsak</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 04-19-06 (772) 343-0302 <small>Date Daytime Phone #</small> | | |