

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000057627

1. Entity Name
PRIDE HOMES, INC.



Principal Place of Business
**5103 CARTER SPENCER ROAD
MIDDLEBURG, FL 32068**

Mailing Address
**5103 CARTER SPENCER ROAD
MIDDLEBURG, FL 32068**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3327569

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**PRIDEMORE, JOANN
5103 CARTER SPENCER ROAD
MIDDLEBURG, FL 32068**

**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

Joann Pridemore

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-19-04

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
**PD
PRIDEMORE, JOANN
5103 CARTER SPENCER ROAD
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PRIDEMORE, ROGER
5103 CARTER SPENCER ROAD
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LOFTUS, RICHARD D
5105 CARTER SPENCER RD
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000103296
04/05/04-80050-013 150.00

**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:

Joann Pridemore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-04

DATE

9045455433

Daytime Phone #