**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

## May 05, 2004 8:00 am Secretary of State DOCUMENT # P95000060631 05-05-2004 90213 012 \*\*\*158.75 ELITE HOME BUILDERS INCORPORATED Mailing Address Principal Place of Business 11062 S MILITARY TRAIL 11062 S MILITARY TRAIL STE 451 STE 451 **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 3. Mailing Address 118 VILLAS & Este Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number 65-0599911 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RITA, GAYLE S (P.O. Box Number is Not Acceptable) S. MILICARY TRAIL 11062 S MILITARY TRAIL STE 451 **BOYNTON BEACH FL 33436** City DeL nay Beach 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. Lam familiar with, and accept the obligations of registered agent. Eugene FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPST** TITLE Delete TITLE RITA, GAYLE S NAME NAME 11062 S MILITARY TRAIL STE 451 STREET ADDRESS STREET ADDRESS Boynton Beach FL 3 CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITI \$ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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

**FILED**