

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90204 022 ***150.00

DOCUMENT # P96000026623

1. Entity Name
CAMRY HOMES, INC.



Principal Place of Business
**335 WEST Highbanks Road
DeBary FL 32713
US**

Mailing Address
**335 W. Highbanks Road
DeBary FL 32713
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number **59-3380101**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLAND, DANIEL A
335 SW Highbanks Road
DeBary FL 32713**

Name **Michael A. Boland**

Street Address (P.O. Box Number is Not Acceptable)

6 Afton Ave.

City **DeBary**

FL

Zip Code **32713**

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 **Michael Boland**
Signature, typed or printed name of registered agent and title if applicable.

Michael Boland, PTD

4-27-2004
DATE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BOLAND, MICHAEL A**
STREET ADDRESS **335 W Highbanks Road**
CITY-ST-ZIP **DeBary FL 32713**

TITLE **Director, Treasurer, Pres.** ☐ Change ☒ Addition
NAME **Michael A. Boland**
STREET ADDRESS **6 Afton Ave.**
CITY-ST-ZIP **DeBary, FL 32713**

TITLE **VP** ☒ Delete
NAME **BOLAND, DANIEL A**
STREET ADDRESS **335 W Highbanks Road**
CITY-ST-ZIP **DeBary FL 32713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice Pres, Sec., Director** ☐ Change ☒ Addition
NAME **Joel N. Boland**
STREET ADDRESS **6 Afton Ave.**
CITY-ST-ZIP **DeBary, FL 32713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael Boland

Michael A. Boland, Pres

4/27/2004 (386) 256-0098
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #