

# AmEnoEn

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-14-2004 90005 012 \*\*\*\*60.00  
P96000056397

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

<b>DOCUMENT # P96000056397</b> 1. Entity Name <b>CALI HOMES BY LAURA, INC.</b>					
Principal Place of Business P.O. BOX 860 PARRISH FL 34219-0860 US			Mailing Address P.O. BOX 860 PARRISH FL 34219-0860 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0679128</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HORNYAK, VERA</b> <b>339 6TH AVENUE WEST</b> <b>BRADENTON FL 34205</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>JOHN E CALI</b> 7906 27TH AVE W BRADENTON FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Laura L. Hill</b> <b>18207 coyote Creek Ct.</b> <b>Parrish, FL 34219</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>KATHLEEN F CALI</b> 7906 27TH AVE W BRADENTON FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE: Kathleen F. Cali Kathleen F. Cali</b> <b>7-9-04</b> <b>941 792-3311</b>					