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

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # P97000007678 04-01-2004 90005 005 ***150.00 UNIFOUR HOME BUILDERS OF INDIAN RIVER COUNTY. INC. Principal Place of Business Mailing Address 4685 1ST ST ひといとみひとじ 4685 1ST ST VERO BEACH FL 32968 VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0727689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSS, MERRILL A Street Address (P.O. Box Number is Not Acceptable) 4685 1ST ST VERO BEACH FL 32968 City 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 Signature, typed or printed name of registered agont and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) 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. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Defete TITLE ☐ Change ☐ Addition IIILE BROXTON, CLAYTON NAME NAME STREET ADDRESS 4321 35TH AVE STREET ADDRESS VERO BEACH FL 32967 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE TEAGUE, JAMES D STREET ADDRESS 1533 24TH AVE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TITLE NAME RUSS, MERRILL A NAME STREET ADDRESS 4685 1ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-78P VERO BEACH FL 32968 Defete TITLE ☐ Change ☐ Addition TITLE IDLETEST, JOE N NAME NAME 4730 58TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32967 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City+St-7IP 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED