

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90498 046 ***150.00

DOCUMENT # P97000007678 1. Entity Name UNIFOUR HOME BUILDERS OF INDIAN RIVER COUNTY, INC.			
Principal Place of Business 4685 1ST ST VERO BEACH, FL 32968		Mailing Address 4685 1ST ST VERO BEACH, FL 32968	
2. Principal Place of Business 4530 57th Avenue Suite, Apt. #, etc.		3. Mailing Address 4530 57th Avenue Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32967-4451		Zip 32967-4451	
Country USA		Country USA	
4. FEI Number 65-0727689		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSS, MERRILL A 4685 1ST ST VERO BEACH, FL 32968		7. Name and Address of New Registered Agent Name Clayton Broxton Street Address (P.O. Box Number is Not Acceptable) 4530 57th Avenue City Vero Beach FL Zip Code 32967-4451	
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 <u>Clayton Broxton</u> Clayton Broxton Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating) President/Treasurer DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BROXTON, CLAYTON 4321 35TH AVE VERO BEACH, FL 32967	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P/T Broxton, Clayton 4530 57th Avenue Vero Beach, FL 32967-4451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP TEAGUE, JAMES D 1533 24TH AVE VERO BEACH, FL 32960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S RUSS, MERRILL A 4685 1ST STREET VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T IDLETEST, JOE N 4730 58TH AVE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S Parks John 140 9th Court Vero Beach, FL 32962-2809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Clayton Broxton</u> Clayton Broxton, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President/Treasurer		Date _____ Daytime Phone # (772) 538-3445	

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