2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P98000024990 04-30-2004 90299 034 ***150.00 PONDEROSA BUILDERS OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address P.O. BOX 2032 PANAMA CITY FL 32402 5000 W HWY 98 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address 1818 Michigan Avenue Same as Above Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3505696 Panama City, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32405 Fee Required Bay 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Kimmel, Steven B.</u> KIMMEL, STEVEN B 5000 WEST HWY 98 Street Address (P.O. Box Number is Not Acceptable) 1818 Michigan Avenue PANAMA CITY FL 32401 City Panama City, his 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 8. The above named entity sub tive obligations of registere Steven B. Kimmel, President 4-29-04 SIGNATURE Signature, typed or printed name of registered (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE ☐ Change ☐ Addition NAME KIMMEL, STEVEN B NAME STREET ADDRESS 5000 W HWY 98 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP TITLE SD Delete TITLE ☐ Change ☐ Addition NAME KIMMEL, LYNN C NAME 5000 W HWY 98 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP TITS E VPD **KX**Delete TIT! F Change Addition NAME ROBBINS, ANDREW C STREET ADDRESS 5000 WEST HWY, 98 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tike appowered.

Steven B. Kimmel, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

850-769-1116

Daytime Phone #