

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90003 016 ***150.00

DOCUMENT # P98000046186

1. Entity Name
NATIONAL CUSTOM HOMES V, INC.



Principal Place of Business
5983 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL 33484

Mailing Address
16415 MIZNER CLUB DR
DELRAY BEACH, FL 33446

54017935



2. Principal Place of Business

3. Mailing Address

1181 S. ROGERS CIRCLE
SUITE 31
BOCA RATON, FL 33487

1181 S. ROGERS CIRCLE
SUITE 31
BOCA RATON, FL 33487

01192004 Chg-P CR2E034 (10/03)

Zip Country

Zip Country

4. FEI Number
65-0837133

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

PFENDLER, RICHARD
16415 M 12 TER CLUB DRIVE
DELRAY BEACH, FL 33446

Name
1181 S. ROGERS CIRCLE
Street Address (P.O. Box Number Not Acceptable)
SUITE 31
BOCA RATON, FL 33487
City **FL** 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEB 18 \$150.00
After May 1, 2004 Fee will be \$550.00

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 D
NAME PFENDLER, RICHARD
STREET ADDRESS 613 NE 19TH AVE
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE
NAME **1181 S. ROGERS CIRCLE** ☐ Change ☐ Addition
STREET ADDRESS **SUITE 31**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04

5619881297

Date

Daytime Phone #