

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90182 003 ***150.00

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1. Entity Name
MARK TIMOTHY LUXURY HOMES, INC.



Principal Place of Business
**41 SE FIFTH ST
2ND FLOOR
BOCA RATON, FL 33432 US**

Mailing Address
**41 SE FIFTH ST
2ND FLOOR
BOCA RATON, FL 33432 US**

60022374



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01312006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
65-0895356

Applied For
Not Applicable

Zip Country

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

**PULTE, MARK T
41 SE 5TH ST
2ND FLOOR
BOCA RATON, FL 33432**

Name
Street Address (P.O. Box Number is Not Acceptable)
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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	D PYLTE, MARK T 41 SE 5TH ST 2ND FLOOR BOCA RATON, FL 33432	<input type="checkbox"/> Delete
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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 exemptions contained in Chapter 119, 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: *Mark T. Pulte* **2/6/06 President** **561 272-6852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #