


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P99000024457</b><br>1. Entity Name<br>WATERLINE HOMES, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>1025 SOUTH UNIVERSITY DRIVE<br>OFFICE MAX PLAZA<br>PLANTATION, FL 33324 | Mailing Address<br>1025 SOUTH UNIVERSITY DRIVE<br>OFFICE MAX PLAZA<br>PLANTATION, FL 33324 |
|--|--|



03052004 No Chg-P CR2E034 (10/03)

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|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>65-0912147   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

6. Name and Address of Current Registered Agent  
  
FRIEDMAN, ESQ., SUZANNE  
1025 S. UNIVERSITY DRIVE  
OFFICE MAX PLAZA  
PLANTATION, FL 33324

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IN THIS SPACE**

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 Suzanne Freedman 3/5/04  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$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**

1000000082939  
03/10/04-80019-007 150.00

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>KIRTMAN, JAY<br>1025 S. UNIVERSITY DR.<br>PLANTATION, FL 33324         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>FRIEDMAN, SUZANNE<br>1025 S. UNIVERSITY DRIVE<br>PLANTATION, FL 33324 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>AARON, STEVEN<br>1025 S. UNIVERSITY DR.<br>PLANTATION, FL 33324       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Suzanne Freedman 3/5/04 954-915-9151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #