

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90065 044 ***150.00

DOCUMENT # P99000058006

1. Entity Name

NEW HORIZON HOMES OF TAMPA BAY, INC.



Principal Place of Business

1208 SO. MYRTLE AVENUE
CLEARWATER FL 33756

Mailing Address

1000 PINELLAS STREET
CLEARWATER FL 33756-3433

94043730

2. Principal Place of Business

2502 N. Rocky Pt.

3. Mailing Address

4053 Summerwood Ave.

Suite, Apt. #, etc.

Suite 1050

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Orlando, FL

Zip

33607

Country

USA

Zip

32812

Country

USA

MOORE

CR2E034 (11/03)



4. FEI Number

59-3606903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, R. CARLTON
1253 PARK STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Gary N. Strohaner

Street Address (P.O. Box Number is Not Acceptable)

1150 Cleveland St., 3rd Floor

City

Clearwater

FL

Zip Code

33755

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

Gary N. Strohaner

Signature, typed or printed name of registered agent and title if applicable.

(No Registered Agent signature required when reinstating)

DATE

3/30/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME RYAN, JOHN M
STREET ADDRESS 437 ST. ANDREWS DRIVE
CITY-ST-ZIP BELLEAIR FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #