

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90020 027 ***150.00

DOCUMENT # P99000088460

1. Entity Name

ELITE HOMES, INC.



Principal Place of Business

#77 19TH STREET
ATLANTIC BEACH FL 32233

Mailing Address

#77 19TH STREET
ATLANTIC BEACH FL 32233

2. Principal Place of Business

2038 Beach Avenue

Suite, Apt. #, etc.

3. Mailing Address

2038 Beach Avenue

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

Zip 32233

Country

USA

City & State

Atlantic Beach, FL

Zip 32233

Country

USA

4. FEI Number

59-3602400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERTSON, CHRISTOPHER
#77 19TH STREET
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name Chris Lambertson

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

2038 Beach Avenue

City Atlantic Beach

FL

Zip Code

32233

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

Chris Lambertson

Chris Lambertson, President

7/28/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME LAMBERTSON, CHRISTOPHER D
STREET ADDRESS #77 19TH ST.
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE VSD ☐ Delete
NAME OLSON, ROBERT
STREET ADDRESS 403 UPPER 36TH AVE S
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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
STREET ADDRESS
CITY-ST-ZIP

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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:

Chris Lambertson

Chris Lambertson, President

7/28/04

904-349-2803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #