

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097473

FILED  
May 31, 2005  
Secretary of State

Entity Name: TRADITIONAL HOME BUILDERS, INC.

**Current Principal Place of Business:**

160 NOEL COURT  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

160 NOEL COURT  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-3609104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNOLD, THOMAS  
160 NOEL COURT  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARNOLD, THOMAS W  
Address: 160 NOEL COURT  
City-St-Zip: ORANGE PARK, FL 32073

Title: SD ( ) Delete  
Name: ARNOLD, KEITH W  
Address: 160 NOEL COURT  
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BK ( ) Change (X) Addition  
Name: ARNOLD, LINDA E  
Address: 160 NOEL COURT  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W ARNOLD

PD

05/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date