

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91008 001 \*\*\*150.00

**DOCUMENT # S22738**

1. Entity Name  
**NOHL CREST HOMES CORPORATION**



Principal Place of Business  
**4023 TAMPA RD  
STE 2800  
OLDSMAR, FL 34677 US**

Mailing Address  
**4023 TAMPA RD  
STE 2800  
OLDSMAR, FL 34677 US**

**24067550**



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

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

City & State

City & State

Zip Country

Zip Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3043719**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**EMERY, KENNETH R.  
4023 TAMPA RD  
STE 2800  
OLDSMAR, FL 34677**

**7. Name and Address of New Registered Agent**

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 reinstating)

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**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **EMERY, KENNETH R.**  
STREET ADDRESS **4023 TAMPA RD STE 2800**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

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

TITLE **D** ☐ Delete  
NAME **TIBMA, PETER G.**  
STREET ADDRESS **4023 TAMPA RD STE 2800**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

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

TITLE **VP** ☐ Delete  
NAME **PRESTON, JUDITH H.**  
STREET ADDRESS **4023 TAMPA RD SUITE 2800**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

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

TITLE **VP** ☒ Delete  
NAME **GILLIARD, C. ROBERT**  
STREET ADDRESS **4023 TAMPA RD SUITE 2800**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

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

TITLE **VP** ☐ Delete  
NAME **HUMPHREYS, KENNETH G**  
STREET ADDRESS **4023 TAMPA RD SUITE 2800**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**4/30/04**

**813-854-1850**