


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # S63450 1. Entity Name AMBER HOMES, INC.		
Principal Place of Business 8621 BELLE MEADE DR FT. MYERS, FL 33908 US	Mailing Address P.O. BOX 8087 FT. MYERS, FL 33908 US	
DO NOT WRITE IN THIS SPACE		



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0266145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZENTY, CAROL 533 BAYSIDE DR FORT MYERS, FL 33919	DO NOT WRITE IN THIS SPACE
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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 re/instating)

DATE

11/00/03 122214

11/4/21/04-80021-008 150.00

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZENTY, CAROL 14850 CRESCENT COVE DR. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABOWSKI, PETER 14850 CRESCENT COVE DR. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOCH, GREGORY 2025 SYCUESTER RD #D4 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Carol Zenty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14-12-04 239-433-4841