

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90025 013 ***150.00

DOCUMENT # S83014

1. Entity Name
SPECIALTY HOMES CORPORATION OF PINELLAS



Principal Place of Business
**1110-B OVERCASH DR.
DUNEDIN, FL 34698 US**

Mailing Address
**1110-B OVERCASH DR.
DUNEDIN, FL 34698 US**

94048038



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0293871

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TERRY, JOHN D.
1917 ARVIS CIR., N.
CLEARWATER, FL 34624**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE	DP
NAME	TERRY, JOHN D.
STREET ADDRESS	1917 ARVIS CIR., N.
CITY - ST - ZIP	CLEARWATER, FL
TITLE	DST
NAME	TERRY, KATHLEEN
STREET ADDRESS	1917 ARVIS CIR., N.
CITY - ST - ZIP	CLEARWATER, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathleen Terry **Kathleen Terry** 4/5/04 727-530-0518