


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90078 035 ***158.75

DOCUMENT # V16452
 1. Entity Name
AMERICAN HOMEBUILDERS, INC.



| | |
|--|--|
| Principal Place of Business 13400 SUTTON PARK DR S SUITE 1401 JACKSONVILLE, FL 32224 US | Mailing Address 13400 SUTTON PARK DR S SUITE 1401 JACKSONVILLE, FL 32224 US |
|--|--|

94028916



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-3127110 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 SHEFFIELD, J. HOWARD
 4209 BAYMEADOWS RD., STE. 4
 JACKSONVILLE, FL 32217

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | VD HALIL, DONALD W JR. 13400 SUTTON PARK DR S SUITE 1401 JACKSONVILLE, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST SCOTT, M. CRAIG 13400 SUTTON PARK DR S STE 1401 JACKSONVILLE, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONTGOMERY, MITCHELL 13400 SUTTON PARK DR S STE 1402 JACKSONVILLE, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SIGLER, ELLEN F 13400 SUTTON PARK DR S STE 1401 JACKSONVILLE, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **M. CRAIG SCOTT** 3/12/04 904-448-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #