## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all oth

SIGNATURE:

## **Secretary of State** DOCUMENT # V17781 02-28-2005 90229 028 \*\*\*150.00 1. Entity Name DAVE KONKOL HOMES, INC. Mailing Address Principal Place of Business **りりひとりぶとぶ** 328 PARK AVENUE, ORTH PO.BOX 941092 SUITE F MAITLAND, FL 32794 US WINTER PARK, FL 32789 US 3. Mailing Address 2. Principal Place of Business 1000 N Maitland Ave Same Suite, Apt. #, etc. Suite, Apt. #, etc. 02222005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For FL 59-3109195 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name RONKOL, DAVID A. 1000 N Maitland Ave Street Address (P.O. Box Number is Not Acceptable) 328 PARK AVENUE, NORTH SUITE Suite A. Maitland, PL 32751 WINTER PARK, FL 32789 City 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. ed agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of reg 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Bo $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE TITLE ☐ Delete ☐ Change KONKOL, DAVID A NAME NAME 328 PARK AVENUE NORTH, SUITE F STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS # :: CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete T(T) F ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 any 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

**FILED** 

2/22/05 407-534-2938

Feb 28, 2005 8:00 am