


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90038 040 \*\*\*150.00

**DOCUMENT # 351060**

1. Entity Name  
**JIM WALTER HOMES, INC.**



Principal Place of Business  
**4211 W. BOY SCOUT BLVD.  
 SUITE 1000  
 TAMPA, FL 33607 US**

Mailing Address  
**4211 W. BOY SCOUT BLVD.  
 TAX DEPT. SUITE 1000  
 TAMPA, FL 33607 US**

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

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

City & State

Zip Country Zip Country

02032004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1274589**

Applied For  
 Not Applicable

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



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

**CT CORPORATION SYSTEM  
 1200 SO. PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	AT EISCH, CYNTHIA B 4211 W. BOY SCOUT BLVD. TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HULT, FRANK A 4211 W. BOY SCOUT BLVD. TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEARDEN, MILES C III 4211 W. BOY SCOUT BLVD. TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO KELLY, JOSEPH JR 4211 W. BOY SCOUT BLVD. TAMPA, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICK, VICTOR P 4211 W. BOY SCOUT BLVD. TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, MICHAEL M 4211 W. BOY SCOUT BLVD. TAMPA, FL <input checked="" type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO Culbreth, John K. 4211 W Boy Scout Blvd Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Comegys, Lawrence S. 4211 W Boy Scout Blvd Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 I am empowered.

**SIGNATURE:** *Cynthia B. Eisch* **Assistant Treasurer** **2/26/2004 (813)871-4066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Cynthia B. Eisch** Date Daytime Phone #