


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 562128
1. Entity Name
SUNFIELD HOMES, INC.



Principal Place of Business Mailing Address
8105 SR 54 8105 SR 54
NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1820403** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ORSI, JULIE ANNE
8105 SR 54
NEW PORT RICHEY, FL 34655

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	V
NAME	BUCK, PATRICIA O
STREET ADDRESS	8105 SR 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VST
NAME	ORSI, DEBORAH E
STREET ADDRESS	8105 SR 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	DP
NAME	ORSI, JOSEPH
STREET ADDRESS	8105 SR 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	V
NAME	ORSI, JULIE ANNE
STREET ADDRESS	8105 S.R. 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80032-001 150.00

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 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: **1/13/05** Daytime Phone #: **(727) 375-1414**