2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 09, 2004 08:00 AM DOCUMENT # P00000053590 **Secretary of State** PLUMMER HOMES, INC. Mailing Address Principal Place of Business 16731 TEQUESTA TRAIL 16731 TEQUESTA TRAIL CLERMONT, FL 34711 CLERMONT, FL 34711 07062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3649158 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PLUMMER, FRED K DO NOT WRITE 16731 TEQUESTA TRAIL CLERMONT, FL 34711 IN THIS SPACE 3. 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. (NCTE, Registered Agent signature required when rematating) DATE Signature, typed or printed name of registered agent and title 4 applicable. 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE 18 \$550.00 U00000164746 07/09/04-80002-005 <u>558.75</u> Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TRE PLUMMER, FRED K NAME STREET ADDRESS 16731 TEQUESTA TRAIL CRY-ST-ZP CLERMONT, FL 34711 TITLE PLUMMER, LUKE R NAME 16731 TEQUESTA TRAIL STREET ADDRESS CRTY-57-ZIP CLERMONT, FL 34711 राग ह STREET ADDRESS DO NOT WRITE CATY - ST - ZIP IN THIS SPACE TITLE MALKE STREET ADDRESS CSTY - ST-7IP 333LF NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MALLE COLUMN TO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

07/07/0

FILED

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