


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000010055
 1. Entity Name
STURGILL HOMES, INC.



Principal Place of Business Mailing Address
 2146 MACARIS AVE. 2146 MACARIS AVE.
 NORTH PORT, FL 34286 NORTH PORT, FL 34286

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 42-1529395 Not Applicable

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

6. Name and Address of Current Registered Agent
 STURGILL, JAMIE
 2146 MACARIS AVE.
 NORTH PORT, FL 34286

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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	D
NAME	STURGILL, JAMIE
STREET ADDRESS	2146 MACARIS AVE.
CITY - ST - ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/30/04-80029-024 150.00

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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 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:  **Jamie Sturgill** 1-26-04 941-713-4687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #