

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102231

Entity Name: GOLDEN RULE HOMES, INC.

FILED  
Jan 18, 2005  
Secretary of State

**Current Principal Place of Business:**

1937 GRACE AVENUE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1570  
FORT MYERS, FL 339021570

**New Mailing Address:**

FEI Number: 54-2076916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROUCH, SAMUEL L  
1937 GRACE AVENUE  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: SCHAVE, THEODORE  
Address: 2715 SW 8 COURT  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP/D ( ) Delete  
Name: CROUCH, S. LEE  
Address: 5260-704 S LANDINGS DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: ST/D ( ) Delete  
Name: CROUCH, SAMUEL L  
Address: 1937 GRACE AVENUE  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: SCHAVE, THEODORE  
Address: 602 SW 39 AVENUE  
City-St-Zip: CAPE CORAL, FL 33991

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL L CROUCH

ST

01/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date