
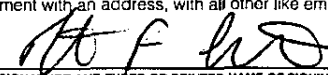


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90484 031 \*\*\*150.00

<b>DOCUMENT # P03000134536</b> 1. Entity Name <b>RFC HOMES, INC.</b>		
Principal Place of Business <b>462 S.W. TODD AVENUE PORT ST. LUCIE, FL 34983-2914</b>		Mailing Address <b>462 S.W. TODD AVENUE PORT ST. LUCIE, FL 34983-2914</b>
2. Principal Place of Business <b>307 TREELINE TRACE</b> Suite, Apt. #, etc.	3. Mailing Address <b>307 TREELINE TRACE</b> Suite, Apt. #, etc.	
City & State <b>PT. ST. LUCIE FLA</b> Zip <b>34986</b>	City & State <b>PT. ST. LUCIE FLA</b> Zip <b>34986</b>	4. FEI Number <b>20-0431379</b>
Country <b>PT. ST. LUCIE</b>		Country <b>PT. ST. LUCIE</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent  <b>CENTORE, ROBERT 462 S.W. TODD AVENUE PORT ST. LUCIE, FL 34983-2914</b>		7. Name and Address of New Registered Agent Name <b>CENTORE ROBERT.</b> Street Address (P.O. Box Number is Not Acceptable) <b>307 TREELINE TRACE</b> City <b>PT. ST. LUCIE FLA.</b> <b>FL</b> Zip Code <b>34986</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>CENTORE, ROBERT</b> <b>462 S.W. TODD AVENUE</b> <b>PORT ST. LUCIE, FL 349832914</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input checked="" type="checkbox"/> <b>V</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CENTORE ANTHONY</b> <b>307 TREELINE TRACE</b> <b>PT ST LUCIE FLA 34986</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 like empowered.		
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____

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