


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000057627

1. Entity Name
PRIDE HOMES, INC.



Principal Place of Business
**5103 CARTER SPENCER ROAD
 MIDDLEBURG, FL 32068**

Mailing Address
**5103 CARTER SPENCER ROAD
 MIDDLEBURG, FL 32068**

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3327569 *JP*

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

**PRIDEMORE, JOANN
 5103 CARTER SPENCER ROAD
 MIDDLEBURG, FL 32068**

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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 file if applicable (NOTE: Registered Agent signature required when re-instating)

**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	PD
NAME	PRIDEMORE, JOANN
STREET ADDRESS	5103 CARTER SPENCER ROAD
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	T
NAME	PRIDEMORE, ROGER
STREET ADDRESS	5103 CARTER SPENCER ROAD
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	S
NAME	LOFTUS, RICHARD D
STREET ADDRESS	5105 CARTER SPENCER RD
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

UD0000195393
 01/26/05-80027-005.150.00

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: *Joann Pridemore* **1/10/05** **904 291-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #