


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91067 018 ***150.00

DOCUMENT # P98000005896

1. Entity Name
HOMES IN USA, INC.



Principal Place of Business: **4658 HAMMOCK CIRCLE DELRAY BEACH, FL 33445**

Mailing Address: **4658 HAMMOCK CIRCLE DELRAY BEACH, FL 33445**

94082933

2. Principal Place of Business: **9878 Savona Winds Dr**

3. Mailing Address: **9878 Savona Winds Dr**

Suite, Apt. #, etc.

City & State: **Delray Beach FL**

City & State: **Delray Bch FL**

Zip: **33446** Country: **US**

Zip: **33446** Country: **US**



04292004 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0851090**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: **ALEXANDER, JACK 4658 HAMMOCK CIR. DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent:

Name: **Alexander, Jack**

Street Address (P.O. Box Number is Not Acceptable): **9878 Savona Winds Dr**

City: **Delray Beach FL** Zip Code: **33446**

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: *[Signature]* **4.20.04** DATE: **4.20.04**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	<input type="checkbox"/> Delete	TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALEXANDER, JACK		NAME: Alexander Jack	
STREET ADDRESS: 4658 HAMMOCK CIR.		STREET ADDRESS: 9878 Savona Winds Dr	
CITY-ST-ZIP: DELRAY BEACH, FL 33445		CITY-ST-ZIP: Delray Bch FL 33446	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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.

SIGNATURE: *[Signature]* **4.20.04** DATE: **4.20.04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #