


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90030 009 \*\*\*150.00

<b>DOCUMENT # 164090</b> 1. Entity Name <b>LAUREL HOMES, INC.</b>					
Principal Place of Business <b>150 OXFORD RD, SUITE 140</b> <b>P O BOX 300789</b> <b>FERN PARK, FL 32730-7789</b>			Mailing Address <b>150 OXFORD RD, SUITE 140</b> <b>P O BOX 300789</b> <b>FERN PARK, FL 32730-7789</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-0634185</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHUTTS, ROBERT T.</b> <b>2010 BRANDYWINE DRIVE</b> <b>WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RIDGWAY, JANET L 705 YOUNGSTOWN PARKWAY # 359 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ROBINSON, JOSEPH D, IV 150 OXFORD RD FERN PARK, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS ROBINSON, LAURA CARROLL 2300 BARBADOS DRIVE WINTER PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHUTTS, ROBERT T 2010 BRANDYWINE DR WINTER PARK, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROBINSON, PETER G 315 GREYTWIG RD. VERO BEACH, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBINSON, DEEELLEN 315 GREYTWIG RD VERO BEACH, FL	<input type="checkbox"/> Delete			
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.			2302 Barbados Drive		
<b>SIGNATURE:</b> _____			Joseph D. Robinson, IV 3/10/04 407-831-2211		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		