


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90010 014 \*\*\*150.00

<b>DOCUMENT # 286885</b> 1. Entity Name <b>FLORIDA HOME FINDERS, INC.</b>																													
Principal Place of Business <b>96 WILLARD STREET STE. 302 COCOA, FL 32922 US</b>			Mailing Address <b>P.O. BOX 1807 COCOA, FL 32923-1807 US</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>59-1092388</b>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>BETTIN, BRADLEY R SR 96 WILLARD STREET STE. 302 COCOA, FL 32922</b>			7. Name and Address of New Registered Agent Name <b>BRADLY R BETTIN, SR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>96 Willard Street Suite 302</b> City <b>Cocoa</b> FL <b>32922</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 <i>[Signature]</i> <b>Jan 8, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>R THERIAC, JAMES S III 96 WILLARD STREET COCOA, FL 32922</b> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>R BASILE, DENNIS 96 WILLARD STREET COCOA, FL 32922</b> <input type="checkbox"/> Delete         </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>R THERIAC, JAMES S III 96 WILLARD STREET COCOA, FL 32922</b> <input type="checkbox"/> Delete	<b>R BASILE, DENNIS 96 WILLARD STREET COCOA, FL 32922</b> <input type="checkbox"/> Delete										11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/23/04 321-427-9560</b> <small>Date Daytime Phone #</small>																										

**DENNIS BASILE, CO-RECEIVER**