


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 300134 1. Entity Name JEFFREY HOMES, INC.	
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Principal Place of Business 3109 LITHIA PINECREST VALRICO, FL 33594	Mailing Address P.O. BOX N649 33509-0649, 33509-0649
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04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1157089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEFCIK, WILLIAM T. 2812 COMMONWEALTH AVE. VALRICO, FL 33594

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000130425 04/26/04-80119-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEFCIK, WILLIAM T. 2812 COMMONWEALTH AVE. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEFCIK, KAY J 2812 COMMONWEALTH AVE. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEFCIK, BRIAN S 2808 COMMONWEALTH AVE. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEFRICK, SHARON M 2808 COMMONWEALTH AVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____ **4-22-04** **813/689-7161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #