

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90148 041 ***150.00

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # 351060 1. Entity Name JIM WALTER HOMES, INC.					
Principal Place of Business 4211 W. BOY SCOUT BLVD. SUITE 1000 TAMPA, FL 33607 US			Mailing Address 4211 W. BOY SCOUT BLVD. TAX DEPT. SUITE 1000 TAMPA, FL 33607 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1274589	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EISCH, CYNTHIA B		NAME		
STREET ADDRESS	4211 W. BOY SCOUT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HULT, FRANK A		NAME	VD Ohrt, William F.	
STREET ADDRESS	4211 W. BOY SCOUT BLVD.		STREET ADDRESS	4211 W Boy Scout Blvd.Ste.1000	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEARDEN, MILES C III		NAME		
STREET ADDRESS	4211 W. BOY SCOUT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	VCFO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CULBRETH, JOHN K		NAME	CFO Hinson, B.J.	
STREET ADDRESS	4211 W BOY SCOUT BLVD.		STREET ADDRESS	4211 W Boy Scout Blvd.Ste.1000	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Tampa, FL 33607	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICK, VICTOR P		NAME		
STREET ADDRESS	4211 W. BOY SCOUT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMEGYS, LAWRENCE S		NAME		
STREET ADDRESS	4211 W BOY SCOUT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		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 another like empowered.					
JIM WALTER HOMES, INC. SIGNATURE: <i>[Signature]</i> Assistant Treasurer 2/15/2005 (813)871-4066 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Cynthia B. Eisch					