FILED Feb 21, 2005 08:00 AM Secretary of State

DOCUMENT # 1. Entity Name H & E HOMES, INC.	570469			Secretary of State
Principal Place of Business Mailing Address 1 15 FLAGSHIP DR 115 FLAGSHIP DR LUTZ, FL 33549 LUTZ, FL 33549				
		N THIS SPA	CE	D2162005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent KEARNEY, JR., RAYMOND J. 115 FLAGELER DRIVE #1417 LUTZ, FL 33549			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 agent. Signature: Typed of aned name progressed agent and little objectable. (NOTE: Triggstowed Agent signature required when reinstating) DATE				
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS				
STREET ADDRESS 115 FLAGL;E CITY-ST-ZIP LUTZ, FL 33 TITLE SD	AYMOND J JR R DR 549	EUTORS		000000237816 02/21/05-80073-012 150.00
STREET ADDRESS 115 FLAGSH	· · · _ · · · · · · ·			
NAME STRELT ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SY-ZIP				
12. I hereby cortify that the information supplied with this filling 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 of 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: 2-17-05 948-1493 Beginn Type of French of Stating Officer On Director Date Officer of Date Officer Off				