

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 608193</b>	
1. Entity Name <b>CANDLEWOOD HOMES, INC.</b>	
Principal Place of Business <b>550 LONE PALM DRIVE LAKELAND, FL 33801</b>	Mailing Address <b>550 LONE PALM DRIVE LAKELAND, FL 33801</b>



04152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>ZARBAUGH, PAUL 550 LONE PALM DR. LAKELAND, FL 33801</b>
---

**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 <u>CARL P. ZARBAUGH</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Carl P. Zarbaugh</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>4/15/2005</u> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>U000000313344 04/18/05-80119-018 158.75</b>
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARBAUGH, CARL P. 550 LONE PALM DR. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZARBAUGH, MARJORIE C. 550 LONE PALM DR. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>CARL P. ZARBAUGH</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Carl P. Zarbaugh</u> <small>Date</small> <u>4/15/05</u> <u>(863) 687-6262</u> <small>Daytime Phone #</small>