


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (ANN)

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-06-2004 90009 014 ****61.25

DOCUMENT # 706300 1. Entity Name GADSDEN HOME, INC.					
Principal Place of Business 1621 MARTIN LUTHER KING, JR BLVD QUINCY FL 32351 US			Mailing Address 1621 MARTIN LUTHER KING, JR BLVD QUINCY FL 32351 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 109 Suite, Apt. #, etc.			
City & State Quincy, Florida		City & State Quincy, Florida		4. FEI Number 59-6173178	
Zip 32353		Country U.S.		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 FINELLI, DAVID R, N H A 1621 MARTIN LUTHER KING, JR BLVD QUINCY FL 32351	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1621 Martin Luther King Jr. Blvd. City Quincy				State FL	
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><i>David R. Finelli</i></u> DATE <u>1/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, FOUNT 219 NORTH JACKSON STREET QUINCY FL 32351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOUNT, MAY 219 N JACKSON ST QUINCY FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUMAN, JIMMY 219 N. DUVAL STREET QUINCY FL 32351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, KEN 924 MYRTLE AVENUE QUINCY FL 32351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNROE, ANN 320 NORTH LOVE STREET QUINCY FL 32351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUBER, JOHN 517 HIGHLAND AVENUE QUINCY FL 32351	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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><i>Fount H. May</i></u> <u>Fount May</u> <u>1/28/04</u> <u>850-627-9898</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66402557



MOORE CR2E037 (11/03)