

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706300**  
 1. Entity Name  
**GADSDEN HOME, INC.**



Principal Place of Business  
**1621 MARTIN LUTHER KING, JR BLVD**  
**QUINCY, FL 32351 US**

Mailing Address  
**P.O. BOX 109**  
**QUINCY, FL 32353 US**



01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6173178**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, FOUNT 219 NORHT JACKSON STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOUNT, MAY 219 N JACKSON ST QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUMAN, JIMMY 219 N. DUVAL STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, KEN 924 MYRTLE AVENUE QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNROE, ANN 320 NORTH LOVE STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUBER, JOHN 517 HIGHLAND AVENUE QUINCY, FL 32351

100000125882  
 01/21/05-80033-014 61.25

**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 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: *David R. Finelli* 1/11/05 250-627-9898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #