


~~2004~~ NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 712939 1. Entity Name HAPPY LANDINGS HOMES, INC.	
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Principal Place of Business 5925 OLD DIXIE HWY. MELBOURNE, FL 32940 US	Mailing Address 5925 OLD DIXIE HWY. MELBOURNE, FL 32940
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01232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1673251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, DAVID F
5925 OLD DIXIE HWY.
MELBOURNE, FL 32940**

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COULTER, ARLENE 5925 OLD DIXIE HWY. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, DAVID F 5925 OLD DIXIE HWY MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADLEY, FRANCIS M 427 TIMBERLAKE DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, CHARLES 209 NO ATLANTIC COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, ANTHONY 1919 THESY MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, JOHN 330 GRANT AVE SATELLITE BCH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

000000013869
01/26/04-80071-007 61.25

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 Miller **1/23/04 3212594970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #