

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 712939

1. Entity Name
HAPPY LANDINGS HOMES, INC.



Principal Place of Business
5925 OLD DIXIE HWY.
MELBOURNE, FL 32940 US

Mailing Address
5925 OLD DIXIE HWY.
MELBOURNE, FL 32940

FILED
Jan 10, 2005 08:00 AM
Secretary of State



01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1673251

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COULTER, ARLENE
STREET ADDRESS	5925 OLD DIXIE HWY.
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	VD
NAME	MILLER, DAVID F
STREET ADDRESS	5925 OLD DIXIE HWY
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	SD
NAME	BRADLEY, FRANCIS M
STREET ADDRESS	427 TIMBERLAKE DR.
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	BOYD, CHARLES
STREET ADDRESS	209 NO ATLANTIC
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	D
NAME	LOVE, ANTHONY
STREET ADDRESS	1919 THESY
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	HORTON, JOHN
STREET ADDRESS	330 GRANT AVE
CITY-ST-ZIP	SATELLITE BCH, FL 32937

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01/10/05-80048-013 70.00

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12. I hereby certify that the information supplied with this filing 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 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 Vice-PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/05 321-259-4970