

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002461

FILED
Jan 20, 2004
Secretary of State

Entity Name: DESIGN HOMES INCORPORATED

Current Principal Place of Business:

P.O. BOX 239
PRAIRE DU CHIEN, WI 538210009

New Principal Place of Business:

600 N MARQUETTE ROAD
PRAIRE DU CHIEN, WI 538210009

Current Mailing Address:

P.O. BOX 239
PRAIRE DU CHIEN, WI 538210009

New Mailing Address:

FEI Number: 39-1081838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, LEARY
102 RIVER OAK LANE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEEKS, FRANKLIN A
Address: RT. 2 BOX 409B
City-St-Zip: PRAIRIE DU CHIEN, WI 53821

Title: D () Delete
Name: WEEKS, RANDY
Address: 34976 STATE HIGHWAY 27
City-St-Zip: PRAIRIE DU CHIEN, WI 53821

Title: VD () Delete
Name: SMITH, KURT
Address: 206 JACKSON
City-St-Zip: PRAIRIE DU CHIEN, WI 53821

Title: S () Delete
Name: WEEKS, MARY
Address: RT 2 BOX409B
City-St-Zip: PRAIRIE DE CHIEN, WI 53821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY WEEKS

D

01/20/2004

Electronic Signature of Signing Officer or Director

Date