

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90042 048 ***150.00

DOCUMENT # F03000001248					
1. Entity Name AMERICAN TRADITION HOMES LTD INCORPORATED					
Principal Place of Business 111 E. LINCOLN RD., STE. 104 SPOKANE, WA 99208			Mailing Address 111 E. LINCOLN RD., STE. 104 SPOKANE, WA 99208		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 93-1114602	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLEY, ROBERT 8454 J.R. MANOR DR. TAMPA, FL 33634			7. Name and Address of New Registered Agent Name: <u>Capital Connection, Inc.</u> Street Address (P.O. Box Number is Not Acceptable): <u>417 E. Virginia St., Ste. 1</u> City: <u>Tallahassee</u> <u>FL</u> Zip Code: <u>32301</u>		
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>Selani White</i></u> DATE: <u>3/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINNEY, DANIEL G 111 E. LINCOLN RD., STE. 104 SPOKANE, WA 99208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINWARD, MATTHEW G 111 E. LINCOLN RD., STE. 104 SPOKANE, WA 99208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINNEY, REBECCA 111 E. LINCOLN RD., STE. 104 SPOKANE, WA 99208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINWARD, LORNA 111 E. LINCOLN RD., STE. 104 SPOKANE, WA 99208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 607, 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>MAT WINWARD</i></u> DATE: <u>3/29/05</u> (509) 468-0312 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		