2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07459

1. Entity Name
FIRST CLASS HOMES, INC.

FILED

04 OCT -4 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7424 KNOLL DR	7424 KNOLL DR *7424 Knoll Dr*
NEW PORT RICHEY, FL 34653 US	NEW PORT RICHEY, FL 34653 US

7424 Knoll Dr
New Port Richey, FL 34653   *New Port Richey, FL 34653*

X *1st NOTICE NOT RECEIVED*

DO NOT WRITE IN THIS SPACE

C9302004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2425757	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

3. Name and Address of Current Registered Agent

NOBLE, ERNEST L. II
7424 KNOLL DRIVE
NEW PORT RICHEY, FL 34653

Noble, Ernest L II
7424 Knoll Dr
New Port Richey, FL 34653

DO NOT WRITE IN THIS SPACE

6. 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

FILE NOW!! FEE IS $150.00 Due by September 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PDS	*ERNEST L. NOBLE II*
NAME	NOBLE, ERNEST L.	*7424 KNOLL DRIVE*
STREET ADDRESS	7424 KNOLL DR	*NEW PORT RICHEY, FLA,*
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	*34653*

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10/06/04--01026--013 **150.00

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

9/30/04   (727) 849-3131