

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004301

FILED
Jul 07, 2004
Secretary of State

Entity Name: TORIC HOMES CORPORATION

Current Principal Place of Business:

1310 SIOUX STREET
DOTHAN, AL 36303

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2253
DOTHAN, AL 36302 US

New Mailing Address:

FEI Number: 63-1089474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, AMY
% PEOPLES FIRST BANK
2900 JEFFERSON STREET
MARIANNA, FL 32446 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: LEONARD, THOMAS F
Address: 1310 SIOUX STREET
City-St-Zip: DOTHAN, AL 36303

Title: VCST () Delete
Name: YATES, SANDRA M
Address: 1338 VICKERS RD.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS F. LEONARD

CP

07/07/2004

Electronic Signature of Signing Officer or Director

Date