

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90234 041 ***158.75

DOCUMENT # G65837
 1. Entity Name
HOMES U.S.A., INC.



Principal Place of Business Mailing Address
299 NW 12 STREET **299 NW 12 STREET**
BOCA RATON, FL 33432 US **BOCA RATON, FL 33432 US**

2. Principal Place of Business 3. Mailing Address
1500 UNIVERSITY DR **1500 UNIVERSITY DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
201-G **201-G**

City & State City & State
CORAL SPRINGS FL **CORAL SPRINGS FL**
 Zip Country Zip Country
33071 **BROWARD** **33071** **BROWARD**

04202004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2334721 Not Applicable

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



6. Name and Address of Current Registered Agent
TUTTLE, BRUCE C.
299 NW 12TH ST
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name **PAUL R. HARRIS**
 Street Address (P.O. Box Number is Not Acceptable) **4113 NW 75TH AVE**
 City **CORAL SPRINGS FL** Zip Code **33065**

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 *Paul R. Harris* DATE **4-20-2004**

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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TUTTLE, BRUCE C.	
STREET ADDRESS	299 NW 12TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS PAUL R.	
STREET ADDRESS	4113 NW 75TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Paul R. Harris* DATE **4-20-2004** DAYTIME PHONE # **754-368-2128**

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