


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # H08387</b><br>1. Entity Name<br>BLOXHAM HOMES, INC. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>1860 CARBONATA DRIVE<br>ALVA, FL 33920 US | Mailing Address<br>1860 CARBONATA DRIVE<br>ALVA, FL 33920 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
BLOXHAM, NORMAN R  
1860 CARBONATA DRIVE  
ALVA, FL 33920

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b><br><b>Added to Fees</b> |  |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSTD<br>BLOXHAM, NORMAN R<br>1860 CARBONATA DRIVE<br>ALVA, FL 33920 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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03/15/04-80034-002 150.00

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IN THIS SPACE**

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:  3-11-04 ✓ 239-728-2143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #