


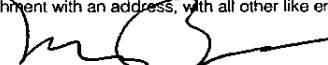


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90115 008 ***550.00

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|---|--|---|--|--|--|
| DOCUMENT # H33167 1. Entity Name BOYCE HOMES, INC. | | | |  | |
| Principal Place of Business 4044 NEW PORT DR NEW PORT RICHEY, FL 34652 | | | | Mailing Address 4044 NEW PORT DR NEW PORT RICHEY, FL 34652 | |
| 2. Principal Place of Business 11324 Ridge Road Suite, Apt. #, etc. | | 3. Mailing Address 11324 Ridge Road Suite, Apt. #, etc. | |  | |
| City & State New Port Richey, FL Zip 34654 Country USA | | City & State New Port Richey, FL Zip 34654 Country USA | | 4. FEI Number 59-2474005 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WILDER, FRED J 407 S. EWING AVENUE CLEARWATER, FL 33756-5766 | | | | 7. Name and Address of New Registered Agent Name Michael D. Boyce Street Address (P.O. Box Number is Not Acceptable) 10124 Maybrook Court City New Port Richey FL Zip Code 34654 | |
| 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:  DATE: 7-2-04 <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 \$550.00 Due by September 8, 2004 | | 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 P NAME BOYCE, WILLIAM H STREET ADDRESS 4044 NEWPORT DR CITY-ST-ZIP NEW PORT RICHEY, FL 34652 | <input checked="" type="checkbox"/> Delete | | TITLE President NAME Boyce Michael D. STREET ADDRESS 10124 Maybrook Court CITY-ST-ZIP New Port Richey, FL 34654 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VP NAME DAVIS, SHELLEY A STREET ADDRESS 4044 NEWPORT DR CITY-ST-ZIP NEW PORT RICHEY, FL 34652 | <input checked="" type="checkbox"/> Delete | | TITLE VP NAME Barbara Arcoraci STREET ADDRESS 9951 Prairie Road CITY-ST-ZIP Boise, Id | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE C NAME BELINKOFF, ALLAN STREET ADDRESS 4044 NEWPORT DR CITY-ST-ZIP NEW PORT RICHEY, FL 34652 | <input checked="" type="checkbox"/> Delete | | TITLE See NAME Nancy Boyce STREET ADDRESS 5250 Pinehurst Court CITY-ST-ZIP Oldsmar, FL 34677 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  M.D. Boyce Date: 7-2-04 Daytime Phone #: 727 846 0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |