2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2005 08:00 AM **Secretary of State** DOCUMENT # H35918 RAMPART HOMES, INC. Principal Place of Business Mailing Address 4401E ASHTON ROAD 4401E ASHTON ROAD SARASOTA, FL 34233-2269 SARASOTA, FL 34233-2269 02082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2478203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KING, JOHN R 4401È ASHTON ROAD SARASOTA, FL 34233-2269 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 77427 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST 000000225965 02/11/05-80061-005 150.00 TITLE NAME KING, JOHN R 4401 E ASHTON RD. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 TITLE KING, FRANCES C NAME 4401 E ASHTON RD. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-7IP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

John R. King, Pres.

2/8/05 941-

941-925-4835

FILED

Daytime Phone #