


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H88498
 1. Entity Name
NEW DAY HOMES, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 6 **POST OFFICE BOX 6**
GRANDIN, FL 32138 **GRANDIN, FL 32138**

DO NOT WRITE IN THIS SPACE



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2612302 Not Applicable

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

6. Name and Address of Current Registered Agent
DIGIOVANNI, DEBRA J
121 SCENIC DR
INTERLACHEN, FL 32148

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DIGIOVANNI, DEBRA J 121 SCENIC DR INTERLACHEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LENAS, THOMAS P.(ASST)ST 209 BLOSSOM DR INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LENAS, ANITA 209 BLOSSOM DR INTERLACHEN, FL
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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: Debra Digiovanni 7/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

(386) 659-2600