

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53169

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: A C & R HOMES & PROPERTIES, INC.

## Current Principal Place of Business:

8243 E FAIRWAY LOOP  
INVERNESS, FL 34450 US

## New Principal Place of Business:

6844 E. QUEENSBARY  
INVERNESS, FL 34450 US

## Current Mailing Address:

8243 E FAIRWAY LOOP  
INVERNESS, FL 34450 US

## New Mailing Address:

P.O. BOX 1676  
INVERNESS, FL 34451 US

FEI Number: 59-2769826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRUSH, LYNNE  
8243 E FAIRWAY LOOP  
INVERNESS, FL 34450 US

## Name and Address of New Registered Agent:

BRUSH, LYNNE  
P.O. BOX 1676  
INVERNESS, FL 34451 US

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.

SIGNATURE: \_\_\_\_\_

01/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BRUSH, LYNNE,  
Address: 8243 E FAIRWAY LOOP  
City-St-Zip: INVERNESS, FL 34450

Title: VP ( ) Delete  
Name: PIPPIN, JOANN  
Address: 8243 E FAIRWAY LOOP  
City-St-Zip: INVERNESS, FL 34450 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BRUSH, LYNNE,  
Address: P.O. BOX 1676  
City-St-Zip: INVERNESS, FL 34451

Title: VP (X) Change ( ) Addition  
Name: PIPPIN, JOANN  
Address: 6844 E. QUEENSBARY LANE  
City-St-Zip: INVERNESS, FL 34450 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE BRUSH

PRES

01/25/2005

Electronic Signature of Signing Officer or Director

Date