FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2004 08:00 AM Secretary of State

DOCL	IM	FN	Т#.	1761	159
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1. Entity Name WINDJAMMER HOME BUILDERS, INC.



Principal Place of Business

7239 LITTLE ROAD NEW PORT RICHEY, FL 34654 Mailing Address

7239 LITTLE ROAD NEW PORT RICHEY, FL 34654



DO NOT WRITE IN THIS SPACE

02132004 No Chg-P		CR2E034 (10/03)			
4. FEI Number	<u> </u>		Applied For		
59-280	5010	:	Not Applicable		
5. Certificate o	of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

VAUSE, ROBERT 8827 SCOUT LAKE CT. NEW PORT RICHEY, FL 34654

DO NOT WRITE IN THIS SDACE

	named entity submits this statement for the plicons of registered agent.	urpose of changing its registered offi	ce of n	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	1			
	mitteeting though busined tissue at selection of about such title	abhuratile (wost: Heliaisian eller	signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUSE, ROBERT 8827 SCOUT LAKE CT NEW PORT RICHEY, FL	-			<u> </u>
TITLE NAME STRUET ADDRESS CITY-ST-ZIP	V DEPASQUALE LINDA 5810 REDHAWK DR NEW PORT RICHEY, FL				02/23/04-80045-007 150.00
TITLE NAME SIREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-Z89				IN 7	THIS SPACE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP					
TIPLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the cor	certify that the information supplied with this fill on this report or supplemental report is true as poration or the receiver of trustee empowered	ing does not qualify for the exemption and accurate and that my signature shall be secuted by	stated all have	in Section 119.07(3)(in the same legal effection 607, Florida Statutes	Florida Statutes, if further certify that the information tastif made under cath, that I am an officer or director is and that my name expense in Block 10 or Block 11 if