

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35521

FILED
Apr 15, 2004
Secretary of State

Entity Name: PACIFIC COAST HOMES, INC.

Current Principal Place of Business:

2700 N MACDILL AVE
P.O. BOX 4118
TAMPA, FL 33677

New Principal Place of Business:

2711 N MACDILL AVE
TAMPA, FL 33607 US

Current Mailing Address:

2700 N MACDILL AVE
P.O. BOX 4118
TAMPA, FL 33677

New Mailing Address:

2711 N MACDILL AVE
TAMPA, FL 33607 US

FEI Number: 59-3026136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, MAYNARD
2700 N. MAC DILL AVE.
TAMPA, FL 33607

Name and Address of New Registered Agent:

LLANES, ANTHONY MR.
2711 N. MAC DILL AVE.
TAMPA, FL 33607 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: ANTHONY LLANES

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LLANES, ANTHONY
Address: 2711 N. MACDILL AVE
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: FERNANDEZ, JOHN
Address: 2700 N. MACDILL AVE 115
City-St-Zip: TAMPA, FL 33607

Title: VDP () Delete
Name: FERNANDEZ, YC
Address: 2700 N. MACDILL AVE 115
City-St-Zip: TAMPA, FL 33607

Title: D (X) Delete
Name: FERNANDEZ, YC
Address: 2700 N. MACDILL AVE 115
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LLANES, ANTHONY
Address: 2711 N. MACDILL AVE
City-St-Zip: TAMPA, FL

Title: D (X) Change () Addition
Name: LLANES, LIONEL B MR.
Address: 2711 N. MACDILL AVE
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: REHNERT, DEBRA A MS.
Address: 2711 N. MACDILL AVE
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTHONY LLANES

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date