FILED 2004 FOR PROFIT CORPORATION ANNUAL REPORT Apr 09, 2004 08:00 AM Secretary of State DOCUMENT # K47977 ACKÉRMAN HOMES, INC. Principal Place of Business Mailing Address P.O. BOX 1226 P.O. BOX 1226 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2921205 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACKERMAN, MICHAEL L. DO NOT WRITE 102 S. 17 ST FERNANDINA BEACH, FL 32034 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE NAME ACKERMANN, MICHAEL L 102 S 17TH ST STREET ADDRESS CITY ST-ZIP FERNANDINA BEACH, FL 32034 n TITLE ACKERMAN, MICHAEL L. NAME STREET ADDRESS 102 S. 17TH STREET 000000107966 94/05/04-80036-007 150.00 CITY ST-ZIP FERNANDINA BEACH, FL HILE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILL NAME STREET ADDRESS CITY ST-ZIP HTLE NAME STREET ADDRESS CITY ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 peport 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:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

^{4/8}/04 904-261-5

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