

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90061 016 ***150.00

DOCUMENT # K51160 1. Entity Name CAN-AM HOMES, INC.																													
Principal Place of Business % JOHN R. FLANAGAN 2831 RINGLING BLVD, SUITE 203-D SARASOTA, FL 34237				Mailing Address % JOHN R. FLANAGAN 2831 RINGLING BLVD, SUITE 203-D SARASOTA, FL 34237																									
2. Principal Place of Business 2831 RINGLING BLVD Suite, Apt. #, etc. SUITE 204-B City & State SARASOTA Zip 34237				3. Mailing Address 2831 RINGLING BLVD Suite, Apt. #, etc. SUITE 204-B City & State SARASOTA Zip 34237																									
4. FEI Number 65-0090782				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02032004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent FERRELL, HUGH C 4924 HIDDEN OAKS TRAIL SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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: JERRY CYBALSKI FEBRUARY 20, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CYBALSKI, JERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1120 VICTORIA STREET N, SUITE 202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KITCHENER ONTARIO, N2B 3T2</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPST</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CYBALSKI, JERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1120 VICTORIA ST. N., STE 202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KITCHENER, ONTARIO, N2B 3T2, CANADA</td> <td></td> </tr> </table> </div> </div>						TITLE	DPST	<input type="checkbox"/> Delete	NAME	CYBALSKI, JERRY		STREET ADDRESS	1120 VICTORIA STREET N, SUITE 202		CITY-ST-ZIP	KITCHENER ONTARIO, N2B 3T2		TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CYBALSKI, JERRY		STREET ADDRESS	1120 VICTORIA ST. N., STE 202		CITY-ST-ZIP	KITCHENER, ONTARIO, N2B 3T2, CANADA	
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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: JERRY CYBALSKI FEB 20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													