2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L35984

1. Entity Name
SWEETWATER HOMES REALTY, INC.

Principal Place of Business	Mailing Address
%STEVE E. PONTICOS 8016 S. SUNCOAST BLVD. HOMOSASSA, FL 32646	%STEVE E. PONTICOS 8016 S. SUNCOAST BLVD. HOMOSASSA, FL 32646

01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2995269
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PONTICOS, STEVE E.
8016 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446

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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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PONTICOS, STEVE E.
STREET ADDRESS	7 BYRSONIMA COURT, WEST
CITY-ST-ZIP	HOMOSASSA, FL
TITLE	VD
NAME	TATE, LARRY
STREET ADDRESS	11 BYRSONIMA COURT, WEST
CITY-ST-ZIP	HOMOSASSA, FL
TITLE	TD
NAME	AUSTIN, TERRY
STREET ADDRESS	3831 N CATBIRD PT.
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	SD
NAME	JOHNSON, RICHARD
STREET ADDRESS	10 LINDER CIRCLE
CITY-ST-ZIP	HOMOSASSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] 1/25/05 352 382 4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #