


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L46480</b> 1. Entity Name <b>DEMETREE HOMES, INC.</b>	
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Principal Place of Business <b>731 VASSAR STREET ORLANDO, FL 32804 US</b>	Mailing Address <b>731 VASSAR STREET ORLANDO, FL 32804 US</b>
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2EQ34 (10/03)

4. FEI Number <b>59-3073955</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DEMETREE, PAUL A.  
731 VASSAR STREET  
ORLANDO, FL 32804**

**DO NOT WRITE 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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMETREE, JOHN W. 1312 RIVERVIEW CIRCLE BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMETREE, PAUL A. 2620 N WESTMORELAND DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMETREE, CECILIA M 1227 NOTTINGHAM ST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMETREE, FRANCES M. 1425 S SUMMERLIN AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

103000145392  
05/02/04-20024-006 150.00

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: Paul A. Demetree**  **4-28-04** **401 246 0393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #