

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # L77937

**1. Entity Name
HOMES BY HANDLEY, INC.**



**Principal Place of Business
% WILLIAM R. HANDLEY
2636 MELLOW LANE
SEBRING, FL 33870-4966**

**Mailing Address
% WILLIAM R. HANDLEY
2636 MELLOW LANE
SEBRING, FL 33870-4966**



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0203620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANDLEY, WILLIAM R.
2636 MELLOW LANE
SEBRING, FL**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

U00000219625
02/08/05-80035-023 158 75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANDLEY, WILLIAM R.
STREET ADDRESS	2636 MELLOW LANE
CITY-ST-ZIP	SEBRING, FL

TITLE	ST
NAME	HANDLEY, PATRICIA W
STREET ADDRESS	2636 MELLOW LANE
CITY-ST-ZIP	SEBRING, FL 338704966

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William R. Handley

WILLIAM R. HANDLEY

2/5/05

863-385-2732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #