

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90046 012 ***150.00



DOCUMENT # M78164

1. Entity Name

CARDIFF HOMES, INC.

Principal Place of Business

4312 N. SUNCOAST BLVD
 CRYSTAL RIVER FL 34428
 US

Mailing Address

4312 N. SUNCOAST BLVD
 CRYSTAL RIVER FL 34428
 US

2. Principal Place of Business

690 N.E. 3RD AVENUE

Suite, Apt. #, etc.

103

City & State

CRYSTAL RIVER FLORIDA

Zip

34428

Country

3. Mailing Address

690 N.E. 3RD AVENUE

Suite, Apt. #, etc.

103

City & State

CRYSTAL RIVER FLORIDA

Zip

34428

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2885672

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSELET, MICHAEL R.
 4312 N. SUNCOAST BOULEVARD
 CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Michael R. Rosselet

3/5/04

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROSSELET, MICHAEL R.	4312 N. SUNCOAST BLVD.	CRYSTAL RIVER FL	<input type="checkbox"/> Delete
		690 NE 3RD AVE SUITE 103	CRYSTAL RIVER FL 34428	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Michael R. Rosselet

3/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #