

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M90329

FILED  
Apr 17, 2005  
Secretary of State

Entity Name: STATE HOUSING MANAGEMENT COMPANY

## Current Principal Place of Business:

C/O THOMAS N. TOMPKINS  
1731 OLD BOGGY CREEK RD  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

C/O THOMAS N. TOMPKINS  
1731 OLD BOGGY CREEK RD  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 59-3204441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOMPKINS, THOMAS N.  
1731 OLD BOGGY CREEK RD  
KISSIMMEE, FL 34744      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TOMPKINS, THOMAS N.,  
Address: 1731 OLD BOGGY CREEK RD  
City-St-Zip: KISSIMMEE, FL 34744

Title: T/S ( ) Delete  
Name: YOUNG, KRISTIN  
Address: 1637 EAST VINE ST  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: TOMPKINS, THOMASA R  
Address: 1731 OLD BOGGY CREEK RD  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/D (X) Change ( ) Addition  
Name: TOMPKINS, THOMASA R  
Address: 1731 OLD BOGGY CREEK RD  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS TOMPKINS

DP

04/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date