


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91257 040 ***150.00

DOCUMENT # P00000071745 1. Entity Name COMFORT BUILT HOMES, INC.	
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Principal Place of Business 929 SE 25TH LN CAPE CORAL, FL 33904	Mailing Address 929 SE 25TH LN CAPE CORAL, FL 33904
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2. Principal Place of Business 1621 TAMiami TRAIL N. Suite, Apt. #, etc. SUITE 3	3. Mailing Address 1621 TAMiami TRAIL N. Suite, Apt. #, etc. SUITE 3
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City & State N. FORT MYERS, FL	City & State N. FORT MYERS, FL
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Zip 33903	Country USA	Zip 33903	Country USA
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03102004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1033302	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANGIULO, FRANCESCO J 929 SE 25TH LN CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name ANGIULO, FRANCESCO J. Street Address (P.O. Box Number is Not Acceptable) 1621 TAMiami TRAIL N. SUITE 3 City N. FT. MYERS FL Zip Code 33903
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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 	FRANCESCO J. ANGIULO, PRESIDENT 4/29/04 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ANGIULO, FRANCESO <input type="checkbox"/> Delete 929 SE 25TH LN CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ANGIULO, FRANCESCO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1206 S.E. 26TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANGIULO, ANNA A <input checked="" type="checkbox"/> Delete 929 SE 25TH LN CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANGIULO, JAMES W., JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1206 S.E. 26TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANFILIPPO, WAYNE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 601 S.E. 30TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 another like empowered.	
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SIGNATURE: 	FRANCESCO J. ANGIULO, PRES. 4/29/04 (239) 997-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #