
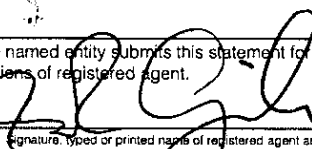
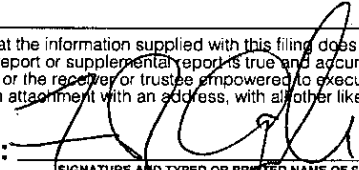


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91257 040 ***150.00

DOCUMENT # P0000071745			
1. Entity Name COMFORT BUILT HOMES, INC.			
Principal Place of Business 929 SE 25TH LN CAPE CORAL, FL 33904		Mailing Address 929 SE 25TH LN CAPE CORAL, FL 33904	
2. Principal Place of Business 1621 TAMiami TRAIL N.		3. Mailing Address 1621 TAMiami TRAIL N.	
Suite, Apt. #, etc. SUITE 3		Suite, Apt. #, etc. SUITE 3	
City & State N. FORT MYERS, FL		City & State N. FORT MYERS, FL	
Zip 33903	Country USA	Zip 33903	Country USA
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	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANGIULO, FRANCESO 929 SE 25TH LN CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANGIULO, FRANCESCO 1206 S.E. 26TH STREET CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGIULO, ANNA A 929 SE 25TH LN CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGIULO, JAMES W., JR. 1206 S.E. 26TH STREET CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANFILIPPO, WAYNE 601 S.E. 30TH STREET CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" 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
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 reports 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: 		FRANCESCO J. ANGIULO, PRES. 4/29/04 (239) 997-7600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

