

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


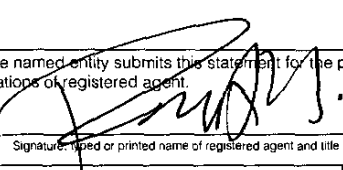
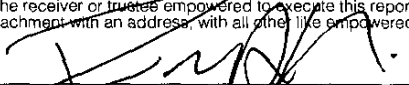
**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90085 017 \*\*\*150.00

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01132004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000081080</b>					
1. Entity Name SUGARMILL WOODS COMMUNITIES, INC.					
Principal Place of Business 96 CYPRESS BLVD W HOMOSASSA, FL 34446			Mailing Address 226 E JOEL BLVD LEHIGH ACRES, FL 33972		
2. Principal Place of Business		3. Mailing Address 96 Cypress Blvd W			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Homosassa FL		4. FEI Number 65-1036588	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		34446	USA		
6. Name and Address of Current Registered Agent NATIELLO, JOHN A 226 E JOEL BLVD LEHIGH ACRES, FL 33972			7. Name and Address of New Registered Agent Name Ronald A. Price Street Address (P.O. Box Number is Not Acceptable) 96 Cypress Blvd W City Homosassa FL Zip Code 34446		
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:  Ronald A. Price, President (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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, RONALD A		NAME		
STREET ADDRESS	96 CYPRESS BLVD W		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, CHARLES R		NAME		
STREET ADDRESS	ONE CORPORATE DR STE 3A		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, WILLIAM I		NAME		
STREET ADDRESS	ONE CORPORATE DR, STE 3A		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATIELLO, JOHN		NAME		
STREET ADDRESS	226 E JOEL BLVD		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP		
TITLE	TAS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, MARGARET		NAME		
STREET ADDRESS	226 E JOEL BLVD		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 title empowered.					
SIGNATURE: 			Ronald A. Price, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		