


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90529 044 ***150.00

DOCUMENT # P0100005681 1. Entity Name CAPITAL HOMES CORPORATION	
---	---

Principal Place of Business 13091 ORANGE RIVER BLVD. FT. MYERS, FL 33905	Mailing Address 13091 ORANGE RIVER BLVD. FT. MYERS, FL 33905
--	--

50045969



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1066676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent WILSON, MARK D 13091 ORANGE RIVER BLVD. FT. MYERS, FL 33905	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MARK D 13091 ORANGE RIVER BLVD. FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, MARK D 13091 ORNAGE RIVER BLVD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, SYBIL A 13091 ORANGE RIVER BLVD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Mark D. Wilson Date: 4/29/05 Daytime Phone #: 239-340-6707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR