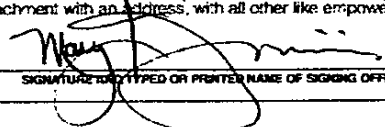


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90057 033 ***158.75

DOCUMENT # P01000006916 1. Entity Name HEMMINGWAY HOMES, INC.					
Principal Place of Business 2516 WILLOUGHBY BLVD. STUART, FL 34994			Mailing Address P.O. BOX 2473 PALM CITY, FL 34991		
2. Principal Place of Business 509 SW CALIFORNIA AVE		3. Mailing Address Suite, Apt. #, etc.			
City & State STUART FLORIDA		City & State Suite, Apt. #, etc.		04132005 Chg-P CR2E034 (10/03)	
Zip 34994		Country MARTIN		4. FEI Number 65-1070853	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KNIERIM, MARY D 6858 SW WEDELIA TERR. PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME KNIERIM, MARY		☐ Delete		
STREET ADDRESS 6858 WEDILIA TERR	CITY-ST-ZIP PALM CITY, FL 34990		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.					
SIGNATURE: 			4/13/05 772 781-1733		
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		