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	Mailing Address
2516 WILLOUGHBY BLVD. STUART, FL 34994	P.O. BOX 2473 PALM CITY, FL 34991

2. Principal Place of Business	3. Mailing Address
509 SW CALIFORNIA AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart Florida	City & State
Zip: 34994 Country: MARTIN	Zip / Country

04132005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1070853 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNIERIM, MARY D 6858 SW WEDELIA TERR. PALM CITY, FL 34990	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 reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P KNIERIM, MARY 6858 WEDILIA TERR PALM CITY, FL 34990 ☐ 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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #