2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023280

Entity Name: PATINA HOME, INC.

FILED Jan 07, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

40 OCEAN BLVD

ATLANTIC BEACH, FL 32233

Current Mailing Address: New Mailing Address:

40 OCEAN BLVD

ATLANTIC BEACH, FL 32233

FEI Number: 59-3706358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MELANCON, LAURIE GALLOWAY, BARBARA C

675 BEACH AVENUE 350 OCEAN BLVD

ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 US US

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.

SIGNATURE: BARBARA C GALLOWAY 01/07/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GALLOWAY, CHARLES M GALLOWAY, CHARLES M Name: Name:

40 OCEAN BLVD 40 OCEAN BLVD Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: ATLANTIC BEACH, FL 32233

Title: Title: () Delete () Change () Addition

Name: GALLOWAY, BARBARA C Name: 40 OCEAN BLVD Address: Address: ATLANTIC BEACH, FL 32233 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

MELANCON, LAURIE C Name: Name: 40 OCEAN BLVD Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MELANCON, DEJEAN Name: Name: Address: 40 OCEAN BLVD Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA C GALLOWAY 01/07/2005 D