

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055522

FILED
Apr 29, 2004
Secretary of State

Entity Name: ADVENTURE HOMES, INC.

Current Principal Place of Business:

8900 LEGACY COURT
101
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 136364
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3742099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, ROBERT S
441 W VINE STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: HERNANDEZ, JESSY B
Address: 2025 FLORENCE VILLA GROVE RD
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: CASIQUE, ABEL
Address: 15525 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASIQUE, ABEL
Address: PO BOX 136364
City-St-Zip: CLERMONT, FL 34713

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: ABEL CASIQUE

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date