

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094775

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: ALL AMERICA'S HOMES, INC.

## Current Principal Place of Business:

2625 NE SANTA FE BLVD  
HIGH SPRINGS, FL 32643

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 1546  
HIGH SPRINGS, FL 32655

## New Mailing Address:

FEI Number: 59-3748750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAYNE, TIMOTHY J SR  
2625 NE SANTA FE BLVD  
HIGH SPRINGS, FL 32643 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: TREA ( ) Delete  
Name: PAYNE, TIMOTHY J SR  
Address: 14217 NW 243RD TERR  
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: PRES ( ) Delete  
Name: PAYNE, SELINA C  
Address: 14217 NW 243 TERR  
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: VPRES ( ) Delete  
Name: PAYNE, BARBARA M  
Address: 24202 NW 142 AVE  
City-St-Zip: HIGH SPRINGS, FL 32643 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 M. PAYNE

VPRES

04/05/2004

Electronic Signature of Signing Officer or Director

Date