

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104225

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: BEST HOMES OF S.W. FLORIDA, INC.

## Current Principal Place of Business:

14 DEL PRADO BLVD NORTH #201  
CAPE CORAL, FL 33909

## New Principal Place of Business:

## Current Mailing Address:

14 DEL PRADO BLVD NORTH #201  
CAPE CORAL, FL 33909

## New Mailing Address:

FEI Number: 01-0559336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINER, STEVEN I  
2320 FIRST STREET STE 1000  
FT MYERS, FL 339012904 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: AS ( ) Delete  
Name: HARDING, DEE  
Address: 6881 PRINCESS LANE  
City-St-Zip: AVON, IN 46123

Title: P ( ) Delete  
Name: DAVIS, CHARLES R  
Address: 3755 EAST 82ND ST STE 120  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: SVP ( ) Delete  
Name: ROBERTS, LEWIS  
Address: 13671 PARKCREST BLVD, APT. 522  
City-St-Zip: FORT MYERS, FL 339624382 US

Title: S ( ) Delete  
Name: COGGINS, KAREN Y  
Address: 1217 SE 23RD AVE  
City-St-Zip: CAPE CORAL, FL 33990

## 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:

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: KAREN Y COGGINS

S

03/22/2005

Electronic Signature of Signing Officer or Director

Date