


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90003 046 ***158.75

DOCUMENT # P01000117538			
1. Entity Name WATERMARK HOMES, INC.			
Principal Place of Business 11280 N. TAMiami TRAIL NAPLES, FL 34110		Mailing Address 11280 N. TAMiami TRAIL NAPLES, FL 34110	
2. Principal Place of Business 2825 CAPE CORAL PARKWAY WEST		3. Mailing Address 1105 SE 4TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL FLORIDA		City & State CAPE CORAL FLORIDA	
Zip 33914		Zip 33990	
Country USA		Country USA	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALO, FLORENTS 11280 N. TAMiami TRAIL NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Keith Murphy 1105 SE 4TH AVE CAPE CORAL FLORIDA 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, KEITH 1105 SE 4TH AVENUE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. FLORENTS MALO 11280 N. TAMiami TRAIL NAPLES FLORIDA 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALO, NEIM 11280 N TAMiami TRAIL NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. RONDA MURPHY 1105 SE 4TH AVE CAPE CORAL FL 33990 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALO, SOLLI 11280 N TAMiami TRAIL NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Keith Murphy 1105 SE 4TH AVE CAPE CORAL FL 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALO, JAMES 11280 N TAMiami TRAIL NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, DANIEL W 28060 DOVEWOOD CT APT 206 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7804 239 633 8886

Date

Daytime Phone #



Department of the Treasury
Internal Revenue Service

HOLTSVILLE, NY 11742

Attachment

#P01000167538

44048399

In reply refer to: 0134545975
June 14, 2002 LTR 139C
02-0610829 000000 00 000
00311

WATERMARK HOMES INC
11280 N TAMiami TR
NAPLES FL 34110

Employer Identification Number: 02-0610829

Dear Taxpayer:

We are sorry, but we assigned you more than one employer identification number. The number shown above is your correct one. Do not use the incorrect number 69-0006359.

Please use the correct number and account name, exactly as shown above, on business tax returns, payments, payments made electronically, and related correspondence.

Please destroy any federal tax deposit coupon books (Form 8109) which show the incorrect employer identification number. We have ordered a corrected federal tax deposit coupon book and will provide it to you in five to six weeks.

If you are making a deposit electronically, please verify that your EIN is correct before making your deposit through the financial agent designated to process your electronic funds transfer (EFT) tax payments.

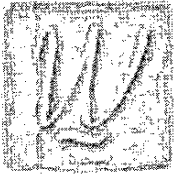
The original Employer Identification Number, 69-0006359, we assigned to you was in error. This EIN is not compatible with the Social Security Administration's database, and was deleted. The number listed in the heading of this letter is your correct EIN.

If you have any questions, please write to us at the address shown at the top of the first page of this letter. Or, you may call us at 866-816-2065 between the hours of 6:30AM and 7:30PM. If the number is outside your local calling area, there will be a long-distance charge to you.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Attachment



PD1000117538
WATERMARK HOMES INC.
44048399
FUSION OF VISION AND DESIGN

Saturday, July 10, 2004

Please provide us with a status letter.

Thank you.

Keith Murphy
Watermark Homes Inc.
KMurphy@watermarkhomes.com

2825 CAPE CORAL PARKWAY WEST
CAPE CORAL FLORIDA 33914
PHONE: (239) 541 -9562 FAX: (239) 541 -9567