

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000028884

FILED
May 31, 2005
Secretary of State

Entity Name: NAUTILUS HOMES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

700 WEST SR 436
SUITE 100
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

700 W STATE RD 436
SUITE 118
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 162721
ALTAMONTE SPRINGS, FL 327162721

New Mailing Address:

FEI Number: 01-0650109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGLEY, DAVID A ESQ
400 MAITLAND AVE
MAITLAND, FL 32701 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: DAVID HIGLEY

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JENNINGS, ASHLEY
Address: 1250 MARKHAM WOODS RD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: JENNINGS, AARON
Address: 1250 MARKHAM WOODS RD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AARON JENNINGS

D

05/31/2005

Electronic Signature of Signing Officer or Director

Date