

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029622

FILED
Feb 28, 2005
Secretary of State

Entity Name: FANTASTIC HOMES CONSTRUCTION, INC.

Current Principal Place of Business:

20 RADCLIFFE DR.
PALM COAST, FL 32164

New Principal Place of Business:

P O BOX 2573
BUNNELL, FL 32110

Current Mailing Address:

20 RADCLIFFE DR.
PALM COAST, FL 32164

New Mailing Address:

P.O. BOX 2573
BUNNELL, FL 32110

FEI Number: 59-3544044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, FOSTER H
20 RADCLIFFE DR.
PALM COAST, FL 32164 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: P () Delete
Name: COLEMAN, FOSTER H
Address: 20 RADCLIFFE DR.
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: COLEMAN, FOSTER
Address: 20 RADCLIFFE DR.
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: COLEMAN, RYAN J
Address: 20 RADCLIFFE DR.
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: KARCHELL, BRIAN
Address: 20 RADCLIFFE DR.
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLEMAN, FOSTER H
Address: P.O. BOX 2573
City-St-Zip: BUNNELL, FL 32110

Title: S (X) Change () Addition
Name: COLEMAN, FOSTER
Address: P.O. BOX 2573
City-St-Zip: BUNNELL, FL 32110

Title: VP (X) Change () Addition
Name: COLEMAN, RYAN J
Address: P.O. BOX 2573
City-St-Zip: BUNNELL, FL 32110

Title: SEC (X) Change () Addition
Name: PAGANO, YOLANDA
Address: 152 N. PALMETTO AVE
City-St-Zip: FLAGLER BEACH, FL 32136

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: FOSTER H. COLEMAN

P

02/28/2005

Electronic Signature of Signing Officer or Director

_____ Date