

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035046

FILED
Apr 19, 2004
Secretary of State

Entity Name: ABURTON HOMES, INC.

Current Principal Place of Business:

775 SW MOCEDO BLVD
PORT ST LUCIE, FL 34983

New Principal Place of Business:

763 SW MACEDO BLVD
PORT ST LUCIE, FL 34983

Current Mailing Address:

775 SW MOCEDO BLVD
PORT ST LUCIE, FL 34983

New Mailing Address:

763 SW MACEDO BLVD
PORT ST LUCIE, FL 34983

FEI Number: 02-0582270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARBURTON, SUZETTE L
775 SW MOCEDO BLVD
PORT ST LUCIE, FL 34983

Name and Address of New Registered Agent:

WARBURTON, SUZETTE L
763 SW MACEDO BLVD
PORT ST LUCIE, FL 34983

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:

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, RICHARD A III
Address: 775 SW MACEDO BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD () Delete
Name: WARBURTON, DONALD W
Address: 775 SW MACEDO BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD () Delete
Name: ADAMS, CAROL N
Address: 775 SW MACEDO BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMS, RICHARD A III
Address: 763 SW MACEDO BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD (X) Change () Addition
Name: WARBURTON, DONALD W
Address: 763 SW MACEDO BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD (X) Change () Addition
Name: ADAMS, CAROL N
Address: 763 SW MACEDO BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: CAROL N. ADAMS

TR

04/19/2004

Electronic Signature of Signing Officer or Director

Date