

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041556

FILED
May 04, 2005
Secretary of State

Entity Name: PREMIUM COMFORT PANEL HOMES, INC.

Current Principal Place of Business:

2017-B CLINCH DR
FERNANDINA BCH, FL 32034

New Principal Place of Business:

Current Mailing Address:

2017-B CLINCH DR
FERNANDINA BCH, FL 32034

New Mailing Address:

FEI Number: 04-3636027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, CATHERINE D
2039 CLINCH DR
FERNANDINA BCH, FL 32034 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GARRETT, CHARLES M JR
Address: PO BOX 207
City-St-Zip: FERNANDINA BCH, FL 320350207

Title: DVT () Delete
Name: GARRETT, CATHERINE D
Address: PO BOX 207
City-St-Zip: FERNANDINA BCH, FL 320350207

Title: DS () Delete
Name: GARRETT, CATHERINO D
Address: PO BOX 207
City-St-Zip: FERNANDINA BEACH, FL 32035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: GARRETT, CATHERINE D
Address: PO BOX 207
City-St-Zip: FERNANDINA BEACH, FL 32035

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: CATHERINE GARRETT

Electronic Signature of Signing Officer or Director

V.P.

05/04/2005

Date