


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90298 028 \*\*\*158.75

<b>DOCUMENT # P02000047621</b> 1. Entity Name <b>FLORIDA COAST HOMES INC.</b>			
Principal Place of Business <b>1532 US 41 BY-PASS SOUTH SUITE 188 VENICE, FL 34293</b>		Mailing Address <b>1532 US 41 BY-PASS SOUTH SUITE 188 VENICE, FL 34293</b>	
2. Principal Place of Business <b>17122 Toledo Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>402 BIRCH AVENUE</b> Suite, Apt. #, etc.	
City & State <b>Port Charlotte, Florida</b> Zip <b>33948</b> Country <b>USA</b>		City & State <b>Nokomis Florida</b> Zip <b>34275</b> Country <b>USA</b>	
4. FEI Number <b>14-1848369</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		04282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MAYS, RONALD L 1532 US 41 BY-PASS SUITE 188 VENICE, FL 34293</b>		7. Name and Address of New Registered Agent Name <b>WINNIFRED J. SPROUSE</b> Street Address (P.O. Box Number is Not Acceptable) <b>402 BIRCH AVENUE</b> City <b>NOKOMIS</b> <b>FL</b> Zip Code <b>34275</b>	
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 <u>Winnifred J. Sprouse</u> <span style="float: right;">DATE <u>April 27, 2005</u></span> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYS, RONALD L 1532 US 41 BY-PASS SOUTH VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINNIFRED J. SPROUSE 402 BIRCH AVENUE NOKOMIS, FLORIDA 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAYS, ROBBIE J 1532 US 41 BY-PASS VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Winnifred J. Sprouse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>April 27, 2005</u> Daytime Phone #	

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