


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000048836</b> 1. Entity Name <b>SARGENT HOMES, BUILDING DREAMS BY STEVE, INC.</b>	
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FILED

05 MAY 27 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5312 24TH AVE E PALMETTO, FL 34221 US</b>	Mailing Address <b>5312 24TH AVE E PALMETTO, FL 34221 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05202005    Chg-P    CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>03-0436880</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SARGENT, DORI 5312 24TH AVE E PALMETTO, FL 34221	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL    Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS													
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
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06/02/05--01031--006    \*\*\$61.25

[Handwritten Signature]

6/11/05

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:** \_\_\_\_\_    **5-24-05**    **809-8651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #