2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2004 08:00 AM Secretary of State **DOCUMENT # P02000064065** A & F HOMES, INC. Principal Place of Business Mailing Address 1206 MCGREGOR BLVD., STE 102 PO BOX 08177 FORT MYERS, FL 33908 FORT MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apr. #, etc. 01152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 02-0616532 Not Applicable Ζip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nama FLAHERTY, MICHAEL J 15065 MCGREGOR BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE #101** FT MYERS, FL 33908 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. m_E □ Delete TITLE Change Addition NAME FLAHERTY, MICHAEL J NAME U00000124469 STREET ADDRESS 15065 MCGREGOR BLVD., #102 STREET ADDRESS 04/22/04-80046-022 150.00 CRY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition APEL, GREG LJ NAME NAME STREET ADDRESS 560 HIGHALDN PARK STREET ADDRESS CITY-ST-ZP CORAL VILLE, IA 52241 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 33716 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C874- ST-789 CITY-ST-ZIP TITLE ☐ Delete EITEE ☐ Channe ☐ Addition NASA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 31315 Delete HE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZOP OUY-53-78 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daylime Phone #