
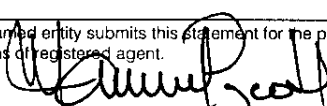
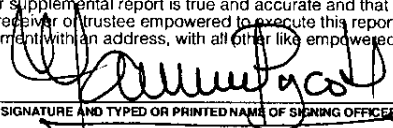


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90054 036 ***158.75

DOCUMENT # P02000112517 1. Entity Name PROCTOR HOMES INC.					
Principal Place of Business 1355 WEST PALMETTO PARK ROAD # 167 BOCA RATON, FL 33486			Mailing Address 1355 WEST PALMETTO PARK ROAD # 167 BOCA RATON, FL 33486		
2. Principal Place of Business 1635 Bonaventure Blvd. Suite, Apt. #, etc.			3. Mailing Address 1635 Bonaventure Blvd. Suite, Apt. #, etc.		
City & State Weston, Florida Zip 33326		City & State Weston, Florida Zip 33326		4. FEI Number 01-0748954	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PYCO, JOSE M 6190 WILES ROAD #304 CORAL SPRINGS, FL 33067				7. Name and Address of New Registered Agent Name PYCO, JOSE MANUEL Street Address (P.O. Box Number is Not Acceptable) 1635 Bonaventure Blvd. City Weston, Florida FL Zip Code 33326	
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  JOSE MANUEL PYCO 02-16-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD PYCO, JOSE M 6190 WILES ROAD #304 CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PYCO, JOSE MANUEL 1997 Pisces Terrace Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OSORIO, STEVEN A 2016 SW 163RD AVE. MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RINCON, CLAUDIA MERCEDES 1997 Pisces Terrace Weston, FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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: 			02-16-04 (954) 727-9933 <small>Date Daytime Phone #</small>		