


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000121556	
1. Entity Name THRIFT LOG HOMES, INC.	

Principal Place of Business 13407 N ST RD 121 MACCLENNY, FL 32063	Mailing Address 13407 N ST RD 121 MACCLENNY, FL 32063
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DO NOT WRITE IN THIS SPACE



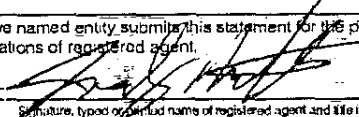
07082005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1137212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THRIFT, DAVID J 13407 N. STATE RD. 121 MACCLENNY, FL 32063	
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IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

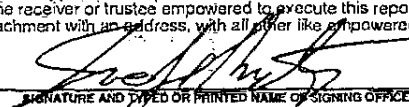
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THRIFT, DAVID J 13407 N ST RD 121 MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THRIFT, JODY 13407 N ST RD 121 MACCLENNY, FL 32063
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07/11/05-80006-008 150.00

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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 all other like empowered.

SIGNATURE:  **7-8-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #