


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90025 042 ***150.00

DOCUMENT # P02000128805	
1. Entity Name G.L.SUNHOMES CORPORATION	

Principal Place of Business 683 MANHATTEN STREET EAST LEHIGH ACRES, FL 33936	Mailing Address CO. SSI ACCT+ TAX SVC 1500 COLONIAL BLVD SUITE 235 FORT MYERS, FL 33907
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94040009

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3777 Tamiami Tr. N. Suite 200
City & State Zip Country	City & State Naples FL Zip Country 34103 USA

4. FEI Number 45-0492442		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 SSI ACCOUNTING + TAX SERVICE INC. 1500 COLONIAL BLVD. . SUITE 235 FORT MYERS, FL 33907	
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7. Name and Address of New Registered Agent Name Ronald J. Walther Street Address (P.O. Box Number is Not Acceptable) 3777 Tamiami Tr. N. Suite 200 City Naples FL Zip Code 34103	
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><i>[Signature]</i></u> DATE <u>3/25/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T LEHM, GERTRUD SCHNEIDERHOF STR. 15 85540 HAAR, .. GERMANY <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	VP,S LEHM, HARALD SCHNEIDERHOF STR. 15 85540 HAAR, .. GERMANY <input 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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/27/2004</u> Daytime Phone #