2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
01-29-2004 90105 026 ***150.00

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DOCUMENT # P03000005395

1. Entity Name
FEDERAL HOME DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
5985 SOUTH RIVER CIRCLE MACCLENNY, FL 32063 US	P. O. BOX 356 5985 SOUTH RIVER CIRCLE MACCLENNY, FL 32063 US

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-4232138 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLAUDETTE, CRAWFORD 5985 SOUTH RIVER CIRCLE MACCLENNY, FL 32063	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 changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P RHODEN, HUGH B 1287 COPPER CREEK DRIVE MACCLENNY, FL 32063	☒ Delete	P Rhoden, Hugh B 1298 Copper Creek Drive Macclenny, Florida 32063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HODGES, JAMES C 7013 MILTONDALE ROAD MACCLENNY, FL 32063	☒ Delete	VP Hodges, James C P.O. Box 61 Macclenny, Florida 32063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRAWFORD, CLAUDETTE 5985 SOUTH RIVER CIRCLE MACCLENNY, FL 32063	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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, added or deleted. Claudette Crawford, the Corporate Secretary

SIGNATURE: Claudette Crawford 6 January 2004 (904) 259-2176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #