

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P03000005395

1. Entity Name
FEDERAL HOME DEVELOPMENT CORPORATION



Principal Place of Business
**5985 SOUTH RIVER CIRCLE
MACLENNY, FL 32063 US**

Mailing Address
**P. O. BOX 356
5985 SOUTH RIVER CIRCLE
MACLENNY, FL 32063 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172004

Chg-P

CR2E034 (10/03)

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
MACLENNY, 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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when constituting)

DATE

Amended AR is \$61.25

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
1298 COPPER CREEK DRIVE
MACLENNY, FL 32063** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HODGES, JAMES C
PO BOX 61
MACLENNY, FL 32063** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CRAWFORD, CLAUDETTE
5985 SOUTH RIVER CIRCLE
MACLENNY, FL 32063** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claudette Crawford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Jul 04 904-259-3343
Date Daytime Phone

FILED

04 AUG -2 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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