

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000005395

FILED
Mar 04, 2005
Secretary of State

Entity Name: FEDERAL HOME DEVELOPMENT CORPORATION

Current Principal Place of Business:

5985 SOUTH RIVER CIRCLE
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 356
5985 SOUTH RIVER CIRCLE
MACCLENNY, FL 32063 US

New Mailing Address:

FEI Number: 13-4232138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLAUDETTE, CRAWFORD
5985 SOUTH RIVER CIRCLE
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RHODEN, HUGH B
Address: 1324 COPPER OAKS COURT
City-St-Zip: MACCLENNY, FL 32063 US

Title: S () Delete
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENNY, FL 32063 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENNY, FL 32063 US

Title: S () Change (X) Addition
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENNY, FL 32063 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDETTE CRAWFORD

VP/S

03/04/2005

Electronic Signature of Signing Officer or Director

Date