

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90051 006 \*\*\*150.00

<b>DOCUMENT # P03000017503</b> 1. Entity Name <b>SPACE COAST HOMEPRO, INC.</b>					
Principal Place of Business <b>4370 ELLIS CIR TITUSVILLE, FL 32780</b>				Mailing Address <b>4370 ELLIS CIR TITUSVILLE, FL 32780</b>	
2. Principal Place of Business <b>278 Avilez Blvd</b> Suite, Apt. #, etc. <b>278 Avilez Blvd</b> City & State <b>Titusville FLA</b> Zip <b>32780</b>				3. Mailing Address <b>278 Avilez Blvd</b> Suite, Apt. #, etc. <b>278 Avilez Blvd</b> City & State <b>Titusville FLA</b> Zip <b>32780</b>	
4. FEI Number <b>27-0044222</b>				01122004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JAMES, TIMOTHY L 4370 ELLIS CIR TITUSVILLE, FL 32780</b>				7. Name and Address of New Registered Agent -Name- <b>Timothy L James</b> Street Address (P.O. Box Number is Not Acceptable) <b>278 Avilez Blvd</b> City <b>Titusville</b> <b>FL</b> Zip Code <b>32780</b>	
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>Timothy L James</i></u> DATE <u>2/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, TIMOTHY L 4370 ELLIS CIR TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Timothy L James 278 Avilez Blvd Titusville FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Timothy L James</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/26/04</u> <u>321-403-4268</u> <small>Date Daytime Phone #</small>		