


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91038 002 \*\*\*150.00

DOCUMENT # P03000069980			
1. Entity Name FAMILY HOME FUNDING ENTERPRISES, INC.			
Principal Place of Business 3049 CLEVELAND AVENUE, SUITE 201 FORT MYERS, FL 33901		Mailing Address 3049 CLEVELAND AVENUE, SUITE 201 FORT MYERS, FL 33901	
2. Principal Place of Business 4066 Evans Ave Suite, Apt. #, etc. Ste. 18		3. Mailing Address 4066 Evans Ave Suite, Apt. #, etc. Ste 18	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33901	Country USA	Zip 33901	Country USA
6. Name and Address of Current Registered Agent THOMAS, LELAND 3049 CLEVELAND AVENUE, SUITE 201 FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Sue Gibbs Street Address (P.O. Box Number is Not Acceptable) 11 Victoria Dr. City N. Ft. Myers FL Zip Code 33917	
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>Susan K Gibbs</u> <u>Susank Gibbs</u> <u>4/28/04</u> <small>Signature, typed or printed name of registered agent and the fil applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, LELAND 3049 CLEVELAND AVENUE, SUITE 201 FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sue Gibbs 11 Victoria Dr. N. Ft. Myers, FL 33917 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NEILL, JAMES L SR. 3049 CLEVELAND AVENUE, SUITE 201 FORT MYERS, FL 33901 <input checked="" 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	ASD AHLGRIM, DEBORAH 3049 CLEVELAND AVENUE, SUITE 201 FORT MYERS, FL 33901 <input checked="" 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	<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	<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	<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>Susan K Gibbs</u>		SIGNATURE: <u>Susan K Gibbs</u> <u>4/28/04</u> <u>239</u> <u>461-0411</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

