

JAN. 6. 2004 2:35PM CORPORATIONS
**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

01-09-2004 90070 008 ***150.00

DOCUMENT # P03000081768					
1. Entity Name MORRIS HOMES, INC.					
Principal Place of Business 3038 N. JOHN YOUNG PARKWAY ORLANDO, FL 32804			Mailing Address 3038 N. JOHN YOUNG PARKWAY ORLANDO, FL 32804		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FBI Number 27-0064315	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
8. Name and Address of Current Registered Agent MATHIEU, MORRIS P 3038 N. JOHN YOUNG PARKWAY ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
B. 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.				DATE 1-7-04	
SIGNATURE: <i>Morris P. Mathieu</i> Signature, typed or printed name of registered agent and the fee applicable				(NOTE: Registered Agent signature required when withdrawing)	
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 Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MATHIEU, MORRIS P		NAME		
STREET ADDRESS	3038 N. JOHN YOUNG PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARK FRITZ		NAME		
STREET ADDRESS	22405 CESSNA LN		STREET ADDRESS		
CITY-ST-ZIP	HOWBY FL 34737		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Morris P. Mathieu</i>			MORRIS P MATHIEU 407 253 3190		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 1-7-04 DAYTIME PHONE 407 253 3190		