


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90017 044 ***158.75

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| DOCUMENT # P03000098100 |  |
| 1. Entity Name THE AMERICAN RESIDENCE COMPANY | |

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| Principal Place of Business 869 CLOUDBERRY BRANCH WAY JACKSONVILLE, FL 32259 US | Mailing Address 869 CLOUDBERRY BRANCH WAY JACKSONVILLE, FL 32259 US |
|---|---|

94046257

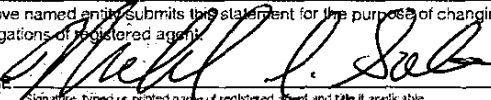
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| 2. Principal Place of Business 11111-70 SAN JOSE BLVD Suite, Apt. #, etc. #272 | 3. Mailing Address 597 SPARROW BRANCH CIRCLE Suite, Apt. #, etc. |
| City & State JACKSONVILLE, FL | City & State JACKSONVILLE, FL |
| Zip 32223 | Country USA |
| Zip 32259 | Country USA |

03032004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 76-0742229 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent SOLMS, MICHAEL A 869 CLOUDBERRY BRANCH WAY JACKSONVILLE, FL 32259 | 7. Name and Address of New Registered Agent Name MICHAEL A. SOLMS Street Address (P.O. Box Number is Not Acceptable) 597 SPARROW BRANCH CIRCLE City JACKSONVILLE FL Zip Code 32259 |
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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.

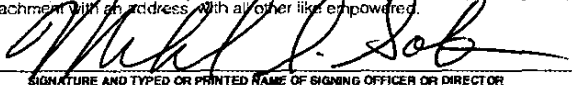
SIGNATURE  DATE **4/4/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOLMS, MICHAEL A 869 CLOUDBERRY BRANCH WAY JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P MICHAEL A. SOLMS 597 SPARROW BRANCH CIRCLE JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALBERTELLI, DAVID P 11483 MANDARIN GLEN CIRCLE JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/ST SUSAN S. SOLMS 597 SPARROW BRANCH CIRCLE JACKSONVILLE, FL 32259 <input type="checkbox"/> Change <input checked="" 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 |
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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:  DATE **4/4/04** DAYTIME PHONE # **904-612-7839**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR