

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000118847

Entity Name: DOUGLAS HOMES INC

FILED
May 27, 2005
Secretary of State**Current Principal Place of Business:**717 SHORE DR E
OLDSMAR, FL 34677**New Principal Place of Business:****Current Mailing Address:**717 SHORE DR E
OLDSMAR, FL 34677**New Mailing Address:**

FEI Number: 59-3688666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DOTSON, PERRY W JR
717 SHORE DR E
OLDSMAR, FL FL 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: DOTSON, PERRY W JR
Address: 717 SHORE DR E
City-St-Zip: OLDSMAR, FL 34677Title: VP (X) Delete
Name: MULVIHILL, MICHAEL D
Address: 14715 REDCliff DR
City-St-Zip: TAMPA, FL 33625Title: S (X) Delete
Name: ERVOLINO, DOUGLAS A
Address: 4657 PARKWAY BLVD
City-St-Zip: LAND O LAKES, FL 34639Title: S () Delete
Name: RACZ, DANIEL A
Address: 310 11TH ST SW
City-St-Zip: RUSKIN, FL 33570Title: S () Delete
Name: ROCHA, DANIEL
Address: PO BOX 877
City-St-Zip: RUSKIN, FL 33575Title: P () Delete
Name: DOTSON, MICHELLE R
Address: 717 SHORE DR E
City-St-Zip: OLDSMAR, FL 34677**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: HASKELL, JOHN
Address: 1405 GULF STREAM CIR APT 103
City-St-Zip: BRANDON, FL 33511Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PERRY DOTSON

P

05/27/2005

Electronic Signature of Signing Officer or Director

Date