


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90034 047 ***158.75

DOCUMENT # P03000138606

1. Entity Name
CMC HOMES, INC.



Principal Place of Business Mailing Address
133 N MCGOWAN AVE **133 N MCGOWAN AVE**
CRYSTAL RIVER FL 34429 **CRYSTAL RIVER FL 34429**

2. Principal Place of Business 3. Mailing Address
133 N MCGOWAN AVE **133 N MCGOWAN AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CRYSTAL RIVER FL **CRYSTAL RIVER FL**
 Zip Country Zip Country
34429 **FL** **34429** **FL**

4. FEI Number Applied For
84 1630855 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
F & L CORP.
200 LAURA ST N THIRD FL
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name **JEANETTE STAFFORD**
 Street Address (P.O. Box Number is Not Acceptable)
133 N MCGOWAN AVE
 City **CRYSTAL RIVER FL** Zip Code **34429**

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 *Jeanette Stafford* **JEANETTE STAFFORD PRESIDENT** **3/19/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STAFFORD, RICHARD L	
STREET ADDRESS	133 N MCGOWAN AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANETTE STAFFORD	
STREET ADDRESS	133 N MCGOWAN AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD L STAFFORD	
STREET ADDRESS	133 N MCGOWAN AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jeanette Stafford* **JEANETTE STAFFORD PRESIDENT** **3/19/04** **1322 295 4303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #