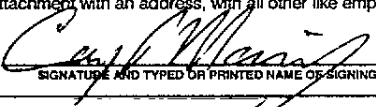


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000154475		
1. Entity Name INTEGRITY HOME BUILDERS OF NAVARRE, INC.		
Principal Place of Business 2491 VALE DR NAVARRE, FL 32566	Mailing Address 2491 VALE DR NAVARRE, FL 32566	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MANNING, CARY 2491 VALE DR NAVARRE, FL 32566		DO NOT WRITE IN THIS SPACE
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 _____ 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANNING, CARY 2491 VALE DR NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANNING, COLLEEN 2491 VALE DR NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  Cary P Manning 1-505 850 939 9218 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2419694

Applied For
Not Applicable

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

1100000201857
01/28/05-80082-011 150.00

**DO NOT WRITE
IN THIS SPACE**