

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027342

Entity Name: COPE HOMES, INC.

FILED
May 25, 2005
Secretary of State

Current Principal Place of Business:

3368 STATE ROAD 207
ELKTON, FL 32033

New Principal Place of Business:

1885 STATE ROAD 207
ST. AUGUSTINE, FL 32086

Current Mailing Address:

3368 STATE ROAD 207
ELKTON, FL 32033

New Mailing Address:

1885 STATE ROAD 207
ST. AUGUSTINE, FL 32086

FEI Number: 56-2447154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPE, A. WAYNE
3368 STATE ROAD 207
ELKTON, FL 32033 US

Name and Address of New Registered Agent:

COPE, A. WAYNE
855 CHERRY TREE ROAD
ST. AUGUSTINE, FL 32086 US

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:

05/25/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COPE, A. WAYNE
Address: 3368 STATE ROAD 207
City-St-Zip: ELKTON, FL 32033

Title: D () Delete
Name: COPE, ALTON W
Address: 97 DOLPHIN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COPE, A. WAYNE
Address: 855 CHERRY TREE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP (X) Change () Addition
Name: COPE, ALTON W
Address: 97 DOLPHIN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

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: A. WAYNE COPE

P

05/25/2005

Electronic Signature of Signing Officer or Director

Date