


May. 2. 2005 8:57AM BOURLON WOOLLEY 727 725 2282

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-06-2005 90093 034 ***150.00
P04000035300

DOCUMENT # P04000035300			
Entity Name F & M HOMES, INC.		05 JUL -1 AM 11: 06 STATE OF FLORIDA 50049915	
Principal Place of Business 11405 - 4TH STREET EAST TREASURE ISLAND, FL 33706		Mailing Address 11405 - 4TH STREET EAST TREASURE ISLAND, FL 33706	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 33-1085875		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		88.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERTS, CARL G J ROBERTS, ROBERTS & ROBERTS, P.A. 6570 - 30TH AVENUE NORTH ST. PETERSBURG, FL 33710		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			
<input type="checkbox"/> Election Campaign Financing <input type="checkbox"/> True Fund Contribution \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, CHARLES B	NAME	
STREET ADDRESS	2816 - 12TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, ROBERT T.	NAME	
STREET ADDRESS	11405 - 4TH STREET EAST	STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(9)(X), 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 807, 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: <i>Carl G J Roberts</i>		5/2/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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