2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State
05-09-2005 90286 047 ***150.00

DOCUMENT # P04000051820

1. Entity Name
DEPAUL HOMES, INC.

Principal Place of Business	Mailing Address
23191 MACDOUGALL PORT CHARLOTTE, FL 33980	23191 MACDOUGALL PORT CHARLOTTE, FL 33980

05052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
23191 MacDougall Av	23191 MacDougall Av.
Suite, Apt. #, etc. Port Charlotte	Suite, Apt. #, etc. Port Charlotte
City & State FL	City & State FL
Zip 33980 Country U.S.	Zip 33980 Country U.S.

4. FEI Number 06-1721669 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEPAUL, SANTI 23191 MACDOUGALL PORT CHARLOTTE, FL 33980	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PRESIDENT DEPAUL, SANTI 23191 MACDOUGALL PORT CHARLOTTE, FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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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: Santi M. DePaul (Pres.) SANTI M. DEPAUL 4-24-05 941-255-9788
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #