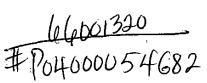
2005 FOR PROFIT CORPORATION ANNUAL-REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

1. Entity Nam	MENT-#-P0400005 HOMES INC.	4682	*			01-07-200	05 90014	4 002 **	*150.00
Principal Place of Business 2866 C TAMIAMI TRAIL PORT CHARLOTTE, FL 33952		Mailing Address 2866 C TAMIAMI TRAIL PORT CHARLOTTE, FL 33952				811-C	ハイユ 	\$\$\$6 	· · · · · · · · · · · · · · · · · · ·
2. Principal Place of Business		3. Mailing Add	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #	, etc.		01042005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State	City & State		4. El Number				plied For Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	_ \$	8.75 Add	itional
	6. Name and Address of Curren			Name	7. Name and A	idress of New R			
250 S AUS	TEPHEN J TRALIAN AVE #1401 M BEACH FL 33401	Street Address (P.O. Box Number is Not Acceptable)							
WESTINE	WEST PALM BEACH, FL 33401								
R. The above	named entity submits this statement	for the purpose of cl	nancian ite sanietes	City	ternd agent or both	in the State of Eo	FL	Zip Code	
the obligati	ions of registered agent. Signature, typed or priving name or registered agen	ri and title if applicable.	(NOTÉ: Pagaller	ed Agent legnelure requi	rad when rainstating)		DATE	 	 ·
FILI After Ma	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550	9. Electi	on Campaign Fina Fund Contribution.		5.00 May Be	· ••			
10.	OFFICERS AN		11.		ADDITIONS/CI	ANGES TO OFFI			
TITLE HAME STREET ADDRESS	D CASE, ROBERT 2888 C TAMIAMI TRAIL	IJ		EET ACCORESS				Change	☐ Addition
CITY-SI-ZIP TITLE NAME	PT CHARLOTTE, FL 33952	0	Delete IIII.		···			Change	Addition
STREET ADDRESS CITY-ST-ZIP			•	EET ACORESS /-St-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				l l		, ,		☐ Change	Addition
TITLE HAME STREET ADDRESS		0	Delete TITE HAA STR	E RE CET ADDRESS		··		Change	Addition
TITLE HAME STREET ADDRESS		0	Defets TIT					☐ Change	Addition
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP			Delete TITI NAI STR					☐ Change	☐ Addition
indicated of the cor	certify that the information supplied w con this report or supplemental report poration or the receiver or trustee em cor on an attachment with an address	t is true and accurati apowered to execute	ot quality for the exi e and that my signs this report as requ	emption stated in sture shall have th	ie same legal effect a	us if made under d	eth; that I ar appears in	n an officer Block 10 or	or director

EFTPS

ATTACHMENT





05/03/2004

ACTION HOMES INC

2866 C TAMIAMI TRAIL PORT CHARLOTTE, FL 33952-0000

TIN	(Taxpayer	Identification	Number
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87-0723336

About Your EFIFS Enrollment

Dear Taxpayer:

You were recently pre-enrolled in the Electronic Federal Tax Payment System (EFTPS) to make all your federal tax payments online or by phone.

According to our records...

You have not activated your enrollment yet. You can activate your enrollment by calling 1-800-555-3453 and supplying EFTPS with your bank account information and phone number. Please have your Employer Identification Number (EIN), EFTPS Personal Identification Number (PIN received previously by a separate mailing), and bank account information handy when you call.

It's important that you activate your enrollment as soon as possible so you can begin making your payments through EFTPS. Once you begin using EFTPS, you will see how convenient, easy, and fast it is to make a federal tax payment online or by phone. Plus, you will receive an immediate acknowledgement number for every transaction which acts as a receipt for your records.

If you have any questions or need assistance, please call EFTPS Customer Service at 1-800-555-4477.

Thank You.

EFTPS Enrollment Processing