2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# P04000060748

Entity Name: CROSSROAD HOMES, INC.

Current Principal Place of Business:

2760 SE EAGLE DRIVE
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

5946 NW BATCHELOR TERRACE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

2760 SE EAGLE DRIVE
PORT ST. LUCIE, FL 34984

New Mailing Address:

5946 NW BATCHELOR TERRACE
PORT ST. LUCIE, FL 34986

FEI Number: 75-3153190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAMONE, SCOTT A
2760 SE EAGLE DRIVE
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAMONE, ANTHONY J
Address: 5946 NW BATCHELOR TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VPS ( ) Delete
Name: MAMONE, SCOTT A
Address: 2760 SE EAGLE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: TD ( ) Delete
Name: MAMONE, RICHARD C
Address: 5946 NW BATCHELOR TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANTHONY MAMONE P 02/01/2005

Electronic Signature of Signing Officer or Director — Date