

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076447

Entity Name: PEAR TREE HOMES, INC.

FILED  
Apr 05, 2005  
Secretary of State

## Current Principal Place of Business:

5900 TOWNSEND ROAD  
#1128  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

## Current Mailing Address:

5900 TOWNSEND ROAD  
#1128  
JACKSONVILLE, FL 32244

## New Mailing Address:

POST OFFICE BOX 440485  
JACKSONVILLE, FL 32222

FEI Number: 84-1647106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEST, APRIL K  
5900 TOWNSEND ROAD  
#1128  
JACKSONVILLE, FL 32244 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: PD ( ) Delete  
Name: WEST, APRIL K  
Address: 5900 TOWNSEND ROAD #1128  
City-St-Zip: JACKSONVILLE, FL 32244

Title: SV ( ) Delete  
Name: WEST, JOSHUA N  
Address: 5900 TOWNSEND ROAD #1128  
City-St-Zip: JACKSONVILLE, FL 32244

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: APRIL KIRSTY WEST

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date