


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90172 037 \*\*\*150.00

<b>DOCUMENT # P04000111688</b> 1. Entity Name <b>FLORIDA HOME FUNDS, INC.</b>																					
Principal Place of Business <b>2600 INDUSTRIAL PK DR #C LAKELAND, FL 33801</b>			Mailing Address <b>2600 INDUSTRIAL PK DR #C LAKELAND, FL 33801</b>																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country		4. FEI Number <b>20-1440206</b>																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent <b>PROCISE, MARIE C 2600 INDUSTRIAL PK DR #C LAKELAND, FL 33801</b>				7. Name and Address of New Registered Agent ~ Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>P/S/T/D</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MARIE C. PROCISE</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>2600 INDUSTRIAL PK DR #C LAKELAND, FL 33801</b></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	<b>P/S/T/D</b>	STREET ADDRESS	<b>MARIE C. PROCISE</b>	CITY - ST - ZIP	<b>2600 INDUSTRIAL PK DR #C LAKELAND, FL 33801</b>
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																				
NAME	<b>P/S/T/D</b>																				
STREET ADDRESS	<b>MARIE C. PROCISE</b>																				
CITY - ST - ZIP	<b>2600 INDUSTRIAL PK DR #C LAKELAND, FL 33801</b>																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
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(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: <u><i>Marie C. Procise</i></u> <b>MARIE PROCISE</b> <span style="float: right;">863/665-6611</span>																					