

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90273 007 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000157574					
1. Entity Name GEORGIA HOMES, INC.					
Principal Place of Business 650 RIVIERA DR TAMPA, FL 33606			Mailing Address 650 RIVIERA DR TAMPA, FL 33606		
2. Principal Place of Business Same		3. Mailing Address Same			
Suite, Apt. #, etc. Same		Suite, Apt. #, etc. Same			
City & State Same		City & State Same			
Zip Same	Country Same	Zip Same	Country Same	4. FEI Number 20-1895292	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RUFFOLO, EUGENE F 650 RIVIERA DR TAMPA, FL 33606			7. Name and Address of New Registered Agent 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 <u>Eugene F. Ruffolo</u> DATE <u>4/20/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PTS RUFFOLO, EUGENE F 650 RIVIERA DR TAMPA, FL 33606 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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>Eugene F. Ruffolo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>4/20/05</u> DAYTIME PHONE # <u>813-258-6405</u>	

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