2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000165501 07-18-2005 90049 002 ***150.00 PERIOD HOMES AND COTTAGES, INC. Principal Place of Business Mailing Address 1460000 **620 MANATEE AVE 620 MANATEE AVE** ELLENTON, FL 34222 ELLENTON, FL 34222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07062005 Cha-P 4. FEI Number Applied For City & State City & State 20-2009291 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUSIERE, J Street Address (P.O. Box Number is Not Acceptable) 4503 15TH STREET COURT EAST ELLENTON, FL 34222 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent stansture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP ☐ Addition TITLE ☐ Delete TITLE ☐ Change WOMACK, GEORGE H NAME NAME STREET ADDRESS **620 MANATEE AVE** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ELLENTON, FL 34222 DΛ ☐ Change ■ Addition TITLE ☐ Detete TITLE WOMACK, IAN M NAME NAME **620 MANATEE AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELLENTON, FL 34222 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WOMACK, RUTH STREET ADDRESS STREET ADDRESS **620 MANATEE AVE** CITY-ST-ZIP ELLENTON, FL 34222 CITY-ST-709 ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TIM F NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 ORGE H WOONACK PRES.

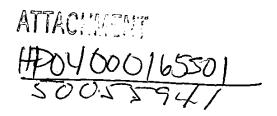
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SIGNATURE:

FILED

Jul 18, 2005 8:00 am



Division of Corporations P. O. Box 1500 Tallahassee, Florida 32302-1500

Re: FEI Number 20-2009291

Gentlemen:

We just received a "Notice of Intent To Dissolve" notice regarding the non-filing of an Annual Report. We were incorporated in December 2004, and we were not aware of this form that needed to be filed. We received no notice in the mail until now. I understand that the fee is \$150.00 if paid before May 1st, but \$550.00 if paid after May 1st. Since we did not know about this report until now, would you please accept the \$150.00 filing fee, instead of the \$550.00. We are enclosing the \$150.00 and hope this will meet with your approval. Now that we know about this fee, we will be timely hereafter.

Respectfully,

PERIOD HOMES AND COTTAGES, INC.

George H. Womack, President