

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168340

FILED
Feb 18, 2005
Secretary of State

Entity Name: PAUL AND PARTNERS HOMES, INC.

Current Principal Place of Business:

12651 MCGREGOR BLVD.
#1-101
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

12651 MCGREGOR BLVD.
#1-101
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 20-2019467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXSY, MARILYN
4418 N. CANAL CIRCLE
N. FORT MYERS, FL 33903 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: PRES () Delete
Name: PRECHEL, OLIVER
Address: 12651 MCGREGOR BLVD., #1-101
City-St-Zip: FORT MYERS, FL 33919 US

Title: SECR () Delete
Name: PRECHEL, SIMONE
Address: 12651 MCGREGOR BLVD., #1-101
City-St-Zip: FORT MYERS, FL 33919 US

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: OLIVER PRECHEL

PRES

02/18/2005

Electronic Signature of Signing Officer or Director

_____ Date