

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09003

FILED
Sep 08, 2004
Secretary of State

Entity Name: RURAL HOUSING SERVICES, INC.

Current Principal Place of Business:

1025 VERMONT AVENUE, N.W.
SUITE 606
WASHINGTON, DC 200053516

New Principal Place of Business:

Current Mailing Address:

613 S. 12TH STREET
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 52-1306869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGALSKI, BARBARA
613 S. 12TH STREET
LEESBURG, FL 34748 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: P () Delete
Name: LOZA, MOISES,
Address: 1025 VERMONT AVE NW #606
City-St-Zip: WASHINGTON, DC

Title: S () Delete
Name: FOSTER, JOHN
Address: 555 BUTTLES AVE.
City-St-Zip: COLUMBUS, OH

Title: D () Delete
Name: LINCOLN, RICHARD
Address: 111 EAST WISCONSIN AVE.
City-St-Zip: MILWAUKEE, WI 53202

Title: D () Delete
Name: FERNIZS, SANDRA
Address: 2400 N CENTRAL, SUITE 303
City-St-Zip: PHOENIX, AZ 85004

Title: D () Delete
Name: SINGLETARY, DEBRA D
Address: 26 WYOMING AVENUE
City-St-Zip: DOVER, DE 19901

Title: D () Delete
Name: PICOTTE, WILLIAM BILL
Address: 399 EAST PRAIRIE ROAD
City-St-Zip: EAGLE BUTTE, SD 57625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: TUCKER, RICHARD
Address: 2032 BELMONT ROAD, NW., #508
City-St-Zip: WASHINGTON, DC 20009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOPEZ, ARTURO
Address: 778 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

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: MOISES LOZA

MR.

09/08/2004

Electronic Signature of Signing Officer or Director

_____ Date