


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90259 039 \*\*\*150.00

DOCUMENT # P93000005566													
<b>1. Entity Name</b> ESSEX HOMES, CORP.													
<b>Principal Place of Business</b> 1031 W. MORSE BLVD. STE 350 WINTER PARK, FL 32789 US			<b>Mailing Address</b> 1031 W. MORSE BLVD. STE 350 WINTER PARK, FL 32789 US										
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.										
<b>City &amp; State</b>			<b>City &amp; State</b>										
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 59-3173246									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  SWANN, RICHARD R 1031 W. MORSE BLVD. STE 350 WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	FL Zip Code												
<b>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.</b>													
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>										
TITLE	DVPS <input type="checkbox"/> Delete		TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	SWANN, CHRISTIAN M		NAME										
STREET ADDRESS	1031 W MORSE BLVD STE 350		STREET ADDRESS										
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE	VP <input type="checkbox"/> Delete		TITLE										
NAME	SWANN, RICHARD R		NAME										
STREET ADDRESS	1031 W MORSE BLVD STE 350		STREET ADDRESS										
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE			TITLE										
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE			TITLE										
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE			TITLE										
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
<b>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.</b>													
<b>SIGNATURE:</b> _____			4-28-05 407-643-8977										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #										