2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000026341

Entity Name: HANOVER HOMES, INC

City-St-Zip:

FILED Apr 21, 2003 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
482 SW P ⁻ PORT ST	T ST LUCIE B LUCIE, FL 34	LVD 953			
Current Mailing Address:			New Mailing Address:		
	T ST LUCIE B LUCIE, FL 34				
FEI Number:	: 59-3176026	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)
Name and	Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
482 S.W. F PORT ST.	ELLI, PHILIP PORT ST. LUG LUCIE, FL 3	4953 US			
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registei	red office or registered agent, or both,
SIGNATUR	RE:				
Electronic Signature of Registered Age			ent		Date
	npaign Financir S AND DIREC	ng Trust Fund Contribution(). CTORS:	ADDITION	IS/CHAN	GES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P (PETRUZZELL 482 SW PT ST PORT ST LUC	LUCIE BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VS (PETRUZZELL 482 SW PT ST PT ST LUCIE,	LUCIE BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	TALERICO, HE	ST LUCIE BLVD	Title: Name: Address: City-St-Zip:	482 SW F	(X) Change () Addition D, HENRY PORT ST LUCIE BLVD PORT ST LUCIE BLVD, FL 34953
Title: Name:	() Delete	Title: Name:		() Change (X) Addition D, STEVEN

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: STEVEN TALERICO MR 04/21/2003

City-St-Zip: 482 SW PORT ST LUCIE BLVD, FL 34953