## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment wit

SIGNATURE:

## Mar 24, 2005 8:00 am Secretary of State DOCUMENT # P9400000357 03-24-2005 90030 021 \*\*\*150.00 PHOÉNIX HOMES, INC. Mailing Address Principal Place of Business 2030 SNOOK DRIVE PO BOX 7485 NAPLES, FL 34102 NAPLES, FL 33941 CR2E034 (10/03) 02072005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-1221567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLOSSER, RICHARD L JR DO NOT WRITE 2030 SNOOK DR NAPLES, FL 34102 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE BLOSSER, RICHARD L NAME 2030 SNOOK DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 TITLE BLOSSER, RICHARD L SR. NAME 3061 SANDPIPER BAY CT #J305 STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ΠÌLE NAME STREET ADDRESS CITY-ST-ZIP lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: I further certify that the information 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 proposered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver or

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #