2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P94000041575

Entity Name: SEAGATE HOMES, INC.

Current Principal Place of Business:

185 CYPRESS POINT PKWY.
SUITE 7
PALM COAST, FL 32164 US

New Principal Place of Business:

Current Mailing Address:

185 CYPRESS POINT PKWY.
SUITE 7
PALM COAST, FL 32164 US

New Mailing Address:

FEI Number: 59-3249824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAZZOLI, LAURA
185 CYPRESS POINT PKWY.
SUITE 7
PALM COAST, FL 32164 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: C ( ) Delete
Name: GAZZOLI, JOHN
Address: 185 CYPRESS POINT PARKWAY, SUITE 700
City-St-Zip: PALM COAST, FL 32164

Title: P ( ) Delete
Name: GAZZOLI, ROBERT
Address: 185 CYPRESS POINT PARKWAY, SUITE 700
City-St-Zip: PALM COAST, FL 32164

Title: V ( ) Delete
Name: GAZZOLI, BRAIN
Address: 185 CYPRESS POINT PARKWAY, SUITE 700
City-St-Zip: PALM COAST, FL 32164

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change ( ) Addition
Name: GAZZOLI, BRIAN
Address: 185 CYPRESS POINT PARKWAY, SUITE 700
City-St-Zip: PALM COAST, FL 32164

Title: S ( ) Change (X) Addition
Name: GAZZOLI, LAURA
Address: 185 CYPRESS POINT PARKWAY, SUITE 700
City-St-Zip: PALM COAST, FL 32164

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: ROBERT GAZZOLI P 04/29/2004

Electronic Signature of Signing Officer or Director Date