## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000092945

Entity Names - DDAGTIGAL LIGATER LIGA

DREWS, JEFFREY

1207 SE 6TH STREET

CAPE CORAL, FL 33990 LE

Name:

Address:

City-St-Zip:

FILED May 03, 2004 Secretary of State

Entity Name: PRACTICAL HOMES USA, INC. **Current Principal Place of Business: New Principal Place of Business:** 1639 DEL PRADO BLVD 206 CAPE CORAL, FL 33904 **New Mailing Address: Current Mailing Address:** 1207 SE 6TH ST. CAPE CORAL, FL 33990 FEI Number: 65-0544387 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLF, KATHERINE 1616 - 102 CAPE CORAL PARKWAY SUITE 228 CAPE CORAL, FL 33914 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WOLF, KATHERINE A Name: Name: 1207 SE 6TH STREET Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: WILSON, IVOR V VICE PR Name: 1207 SE 6TH STREET Address: Address: CAPE CORAL, FL 33990 LE City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WOLF, KATHERINE A. PRES 05/03/2004