2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000005104

1. Entity Name
WASDEN HOMES AND CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
10905 ERIE RD PARRISH, FL 34219 US	10905 ERIE RD PARRISH, FL 34219 US

DO NOT WRITE IN THIS SPACE

04142004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0644563	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

BARNES, GARRETT T
10905 ERIE RD
PARRISH, FL 34219

DO NOT WRITE 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000120443
04/19/04-80132-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	SVP
NAME	WASDEN, KAREN
STREET ADDRESS	10905 ERIE RD
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	TP
NAME	WASDEN, JAMES
STREET ADDRESS	10905 ERIE RD
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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.

SIGNATURE: _Karen Wasden_ SVP   4/7/04   941-812-1636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #