

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000013802

Entity Name: PROVIDENT HOMES, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

4501 TAMIAMI TRAIL NORTH  
SUITE #224  
NAPLES, FL 34103 US

## New Principal Place of Business:

## Current Mailing Address:

4501 TAMIAMI TRAIL NORTH  
SUITE #224  
NAPLES, FL 34103 US

## New Mailing Address:

FEI Number: 65-0664930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOENIG, PAUL A  
1001 N U.S. HWY 1, SUITE 407  
JUPITER, FL 33477 US

## Name and Address of New Registered Agent:

KOENIG, PAUL A  
4501 TAMIAMI TRAIL NORTH  
SUITE #224  
NAPLES, FL 34103 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: PAUL A. KOENIG

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: KOENIG, PAUL A  
Address: 1575 SW ST ANDREWS DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: C/D (X) Delete  
Name: MASAITIS, EDWARD A JR.  
Address: P.O. BOX 3433 N/A  
City-St-Zip: TEQUESTA, FL 33469 US

Title: V (X) Delete  
Name: COMBS, CRAIG  
Address: 4501 TAMIAMI TRAIL NORTH, #224  
City-St-Zip: NAPLES, FL 34103 US

Title: V ( ) Delete  
Name: MASTRANDREA, KEN  
Address: 4501 TAMIAMI TRAIL NORTH, #224  
City-St-Zip: NAPLES, FL 34103 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KEN MASTRANDREA

V

04/28/2005

Electronic Signature of Signing Officer or Director

Date