2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000021482

1. Entity Name
FAMILY HOME DESIGN. INC.

Principal Place of Business	Mailing Address
9409 US 19 NO PORT RICHEY, FL 34668	11300 YELLOWOOD LANE PORT RICHEY, FL 34668 US

DO NOT WRITE IN THIS SPACE

01182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3438441	Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, CYNTHIA A
11300 YELLOWOOD LANE
PORT RICHEY, FL 34668

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, 2005 Fee will be $550.00

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

02/02/05-80107-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKSON, CYNTHIA A
STREET ADDRESS	11300 YELLOWOOD LANE
CITY-ST-ZIP	PORT RICHEY, FL 34668

TITLE	
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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: Cynthia A Jackson   1/28/05   727-868-073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #