

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000049378

FILED
Feb 16, 2010
Secretary of State

Entity Name: STOUT HOMES, INC.

Current Principal Place of Business:

8237 BARTON FARMS BLVD.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

920 ALLEGRO LANE
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 65-0837210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUGGEMAN, CRAIG A
8237 BARTON FARMS BLVD.
SARASOTA, FL 34240 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: D
Name: BRUGGEMAN, CRAIG A
Address: 8237 BARTON FARMS BLVD.
City-St-Zip: SARASOTA, FL 34240

Title: D
Name: BRUGGEMAN, SYLVESTER R
Address: 920 ALLEGRO LANE
City-St-Zip: APOLLO BEACH, FL 33572

Title: P/S
Name: BRUGGEMAN, CRAIG A
Address: 8237 BARTON FARMS BLVD.
City-St-Zip: SARASOTA, FL 34240

Title: VP
Name: BRUGGEMAN, SYLVESTER R
Address: 920 ALLEGRO LANE
City-St-Zip: APOLLO BEACH, FL 33572

Title: T
Name: BRUGGEMAN, PATRICIA A
Address: 920 ALLEGRO LANE
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP
Name: BRUGGEMAN, MICHAEL M
Address: 2006 N.E. 3RD STREET
City-St-Zip: CAPE CORAL, FL 33909

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. BRUGGEMAN

T

02/16/2010

Electronic Signature of Signing Officer or Director

_____ Date