


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90012 002 ***150.00

DOCUMENT # P98000060232 1. Entity Name HOME TOUCH CONSTRUCTION, INC.					
Principal Place of Business 8030 HILSDALE ROAD JACKSONVILLE, FL 32216			Mailing Address 8030 HILSDALE ROAD JACKSONVILLE, FL 32216		
2. Principal Place of Business 4023 Chicora Wood Place <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4023 Chicora Wood Place <small>Suite, Apt. #, etc.</small>			
City & State Jacksonville, Florida <small>Zip Country</small> 32224-7696 Duval		City & State Jacksonville, Florida <small>Zip Country</small> 32224-7696 Duval		4. FEI Number 59-3520953	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RABON, DENNY G 8030 HILSDALE ROAD JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent <small>Name</small> Rabon, Denny G. <small>Street Address (P.O. Box Number is Not Acceptable)</small> 4023 Chicora Wood Place Jacksonville, <small>City</small> Jacksonville, FL <small>Zip Code</small> 32224-7696		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P RABON, DENNY G 8030 HILSDALE ROAD JACKSONVILLE, FL 32216	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	President RABON, DENNY G 4023 Chicora Wood Place Jacksonville, FL. 32224-7696	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VP RABON, SHU C 8030 HILSDALE ROAD JACKSONVILLE, FL 32216	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VP RABON, SHU C 4023 Chicora Wood Place Jacksonville, FL. 32224-7696	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Denny G. Rabon (P)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-30-04 904-223-0677 <small>Date Daytime Phone #</small>		
DENNY G. RABON (P)					