


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P99000091835 |  |
| 1. Entity Name HOMESITE LAND, INC. | |

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| Principal Place of Business 741 24 AVE NW NAPLES FL 34120-3357 | Mailing Address 741 24 AVE NW NAPLES FL 34120-3357 |
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| 2. Principal Place of Business Suite, Apt #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E034 (10/04)

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| 6. Name and Address of Current Registered Agent RAUX, MANON 741 24TH AVE NW NAPLES FL 34120-3357 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 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 <i>Manon Raux</i> | DATE 02/08/05 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRANCOISE, LAPALME 6128 SW 35 CT HOLLYWOOD FL 33023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RAUX, MANON 741 24 AVE NW NAPLES FL 34120-3357 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | U000000230232 02/15/05-80035-006 150.00 |
| TITLE NAME STREET ADDRESS 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)(f), 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. | |
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| SIGNATURE: <i>Manon Raux</i> | DATE 02/08/05 | PHONE 239-777-9775 |
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