## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 16, 2005 08:00 AM Secretary of State

DOCUMENT # P99000097883  1. Entity Name S.C. HOMES, INC.				Secretary of State			
Principal Plac 1421 COURT CLEARWATER	STREET,STE.B	Mailing Address 1421 COURT STREET, STE.B CLEARWATER, FL 33756					
	O NOT WRITE I	CF	01252005 No Chg-P CR2E034 (10/03)				
	6. Name and Address of Current Regi		4. FEI Number 59-36164 5. Certificate of			Applied For Not Applicable  5 Additional equired	
1421 COU	THOMAS G IRT STREET,STE.B ATER, FL 33756	DO NOT WRITE IN THIS SPACE					
6. 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 hame of registered agent and title E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	ncing \$5.	.00 May Be ed to Fees	//nnnn 02/16/05	<del></del> 1290904 -80009-0	15 150.00	
10.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PSTD HERSEM, THOMAS G 1421 COURT STREET,STE.B CLEARWATER, FL 33756	CTORS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI		
NAME STREET ADDRESS CITY-ST-ZIP					HIS SPA	ACE	{
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<del></del>		
TITLE NAME S <i>treet address</i> City-St-Zip		=^-				-	-
12. I hereby of indicated of the corchanged,	certify that the information supplied with this con this report or supplemental report is Mus- poration or the receiver or frustee empoyers or on an attachment with an address with a	Ming does not qualify for the exe and recurate and that my signs do to execute this report as requ all other like empowered.	emption stated in Se ture shall have the t ired by Chapter 607	ction 119.07(3)(i), i same legal effect a r, Florida Statutes;	Florida Statutes. I fi s if made under oa and that my name	urther certify the th; that I am an appears in Bloc	at the information officer or director k 10 or Block 11 if
SIGNATURE:  SIGNATURE:  SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  1/3/05 7>7-446-1413  Dayling Priorie #							