

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109376

FILED
Apr 30, 2004
Secretary of State

Entity Name: ICON HOMES, INC.

Current Principal Place of Business:

17481 MARCY AVE.
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

949 TAMIAMI TRAIL
SUITE 204
PORT CHARLOTTE, FL 33953

Current Mailing Address:

17481 MARCY AVE.
PORT CHARLOTTE, FL 33948

New Mailing Address:

949 TAMIAMI TRAIL
SUITE 204
PORT CHARLOTTE, FL 3953

FEI Number: 65-0874560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUTO, PAUL
17481 MARCY AVE.
PORT CHARLOTTE, FL 33948

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: P () Delete
Name: COUTO, PAUL
Address: 17481 MARCY AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V () Delete
Name: COUTO, JOSE
Address: 17481 MARCY AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: COUTO, ANTONIO
Address: 1186 SANDY ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: COUTO, EDWIN
Address: 19369 LAUZON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: COUTO, JOHN
Address: 223 VAL DIVA
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAUL COUTO

P

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date