2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2005 08:00 AM **Secretary of State** DOCUMENT # \$79928 1. Entity Name STARCRAFT HOMES, INC. Principal Place of Business Mailing Address 208 BRYNWOOD LANE PO BOX 952355 SANFORD, FL 32771 LAKE MARY, FL 32795 CR2E034 (10/03) 04292005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3096979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZANCA, ANTHONY DO NOT WRITE 208 BRYNWOOD LANE SANFORD, FL 32771 IN THIS SPACE 3. 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, typed or printed name of registered agent and little II applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ZANCA, ANTHONY 208 BRYNWOOD LANE STREET ADDRESS UUUUUU0359806 CITY-ST-ZIP SANFORD, FL 32771 ÜS/ÜS/OS-80006-022 150.00 TITLE NAME ZANCA, ANTHONY

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of flustee 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:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS PO BOX 952355

LAKE MARY, FL 32795

DO NOT WRITE

IN THIS SPACE

FILED