


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90037 004 ***150.00

DOCUMENT # V02147	
1. Entity Name H. GENE HARVEY HOMES, INC.	

Principal Place of Business 1514 STONEBRIAR RD GREEN COVE SPRINGS FL 32043	Mailing Address 1514 STONEBRIAR RD GREEN COVE SPRINGS FL 32043
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2. Principal Place of Business 5103 SAN JUAN AVE	3. Mailing Address 4343 CHARLESTON LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number 59-3098711	Applied For Not Applicable
Zip 32210	Country USA	Zip 32210	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SMITH, C. HOLT, III 233 EAST BAY STREET SUITE 930 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 *H. Gene Harvey* **H. GENE HARVEY** DATE **MARCH 10, 04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D <input type="checkbox"/> Delete	NAME HARVEY, H. GENE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1514 STONEBRIAR RD	CITY-ST-ZIP GREEN COVE SPRINGS FL 32043	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE S/D <input type="checkbox"/> Delete	NAME HARVEY, ANNIE E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1514 STONEBRIAR RD	CITY-ST-ZIP GREEN COVE SPRINGS FL 32043	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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: *H. Gene Harvey* **H. GENE HARVEY, PRESIDENT** DATE **MARCH 10, 04** DAYTIME PHONE # **778-9184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR