

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V69381

FILED
Jan 04, 2005
Secretary of State

Entity Name: X-CEPTIONAL HOMES, INC.

Current Principal Place of Business:

10650 SUMMIT SQUIRE DRIVE
LEESBURG, FL 34788 US

New Principal Place of Business:

10650 SUMMIT SQUARE DRIVE
LEESBURG, FL 34788 US

Current Mailing Address:

P.O. BOX 895460
LEESBURG, FL 34789 US

New Mailing Address:

FEI Number: 59-3147788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLUM, J. STEPHEN
1330 WEST CITIZENS BLVD.
SUITE 701
LEESBURG, FL 34748 US

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: DP () Delete
Name: GODFREY, JOSEPH P. J, R.
Address: P.O. BOX 895282
City-St-Zip: LEESBURG, FL 34789

Title: DVS () Delete
Name: GODFREY, JOSEPH P. I, II
Address: 10041 JACARANDA AVENUE
City-St-Zip: LEESBURG, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSEPH P. GODFREY, JR.

DP

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date