


**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # 294159**

1. Entity Name  
**GREATER HOMES, INC.**



**FILED**

06 NOV -7 PH 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**17851 N. 85TH STREET #300  
SCOTTSDALE, AZ 85255**

Mailing Address  
**17851 N. 85TH STREET #300  
SCOTTSDALE, AZ 85255**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

11012006 Chg-P CR2E034 (11/05)

City & State  
Zip Country

4. FEI Number  
**59-1107583**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
% CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Amended AR is \$81.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE MANDELL, LESTER N 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/CEO Steven J. Hilton 17851 N. 85th Street, Suite 300 Scottsdale, AZ 85255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO MANDELL, ROBERT A. 1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP Larry W. Seay 17851 N. 85th Street, Suite 300 Scottsdale, AZ 85255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNYDER, SIMON 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP/S C. Timothy White 17851 N. 85th Street, Suite 300 Scottsdale, AZ 85255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGG, CHARLES W 1105 KENSINGTON PK DR ALTAMONT SPRINGS, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert A. Mandell 1105 Kensington Park Drive Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONLEY, HAMPTON W 1105 KENSINGTON PK DR ALTAMONT SPTINGS, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>800081592488 11/07/06--01049--006 **\$1.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GALLAGHER, STEPHEN M 1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: C. Timothy White *CT White* **11-2-06** **480-515-8005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #