



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # J34168	
1. Entity Name PAUL HOMES, INC.	

Principal Place of Business 4524 SE 16 PL, #2C CAPE CORAL, FL 33904 US	Mailing Address 4524 SE 16 PL, #2C CAPE CORAL, FL 33904 US
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2724728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, GARY G.
 4524 SE 16TH PLACE #2C
 CAPE CORAL, FL 33904

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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 _____ DATE _____
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; 2008 Fee will be \$550.00

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

10: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAUL, GARY G. 4254 SE 16TH PLACE, #2C CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAUL, LINDA L. 4524 SE 16TH PLACE, #2C CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD KNIGHT, ROBERT D JR 4524 16TH PLACE, #2C CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/19/08-80056-022 150.00

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: Robert D Knight Jr **ROBERT D KNIGHT JR** 2/8/08 239-542-1750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #