## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2008 08:00 A Secretary of State

ANNOAL ILLI ON I					S	Secret	ary of St
DOCUMENT.# K03277  1. Entity Name TESAR HOMES, INC.							ary or St
			1 111	<b>'</b>			
Principal Place	ce of Business	Mailing Address	<u> </u>				
		4185 SHADY OAKS CT SARASOTA, FL 34233					
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	O NOT WRITE	IN THIS SPA	UE .	4. FEI Numb 65-00			Applied For Not Applicable
				' · .	of Status Desired		3.75 Additional
ه د این در چرمه د که د	6. Name and Address of Current Re	gistered Agent			· /	<u>гө</u> Т. २ <b>९</b> ५ / г	a Required তেন্তু ভাগু ভাগু কৰে
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TESAR, RICHARD S. 4185 SHADY OAKS CT				DO	NOT W	RITE,	
SARASOTA, FL 34233				IN '	THIS SP	ACE	and the second of the second o
	a named entity submits this statement for the	ne purpose of changing its register	ed office or regis	tered agent, or bo	oth, in the State of Fic	orida. I am fen	niliar with, and accept
we obliga	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Agent signature requi	red when reinstating)		DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.		5.00 May Be			· .· .
10.	OFFICERS AND DI		CHARLES !				
TITLE	PD					13636361	
NAME STREET ADDRESS	TESAR, RICHARD S. 4185 SHADY OAKS CT				04/03/08	80098-0	23 150 00
CITY-ST-ZIP	SARASOTA, FL 34233						
TITLE NAME							
STREET ADDRESS	,						
CFTY-ST-ZIP						Pirkanda interior Berinda interior	
TITLE NAME							
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CITY-ST-ZIP				•	•		
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STREET ADDRESS							
CITY+ST-ZIP	<u> </u>						
NAME					.30	1.	
STREET ADDRESS CITY-ST-ZIP			<b>多数数数</b>	STATE			Signatur bo

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 empewered 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 a latter like empewered.

SIGNATURE:

NAME -STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_

16-08 941-924-14

RICHARD S. 1ESAX