2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90007 007 ***150.00

DOCUMENT # P99000088460

1. Entity Name

ELITE HOMES, INC.

Principal Place of Business	Mailing Address
~~2038 BEACH AVENUE~~	~~2038 BEACH AVENUE~~
~~ATLANTIC BEACH FL 32233~~	~~ATLANTIC BEACH FL 32233~~

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
910 11th Ave. S.	910 11th Ave. S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 Country:	Zip: 32250 Country:

4. FEI Number 59-3602400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERTSON, CHRISTOPHER
~~2038 BEACH AVENUE~~ 910 11th Ave. S.
~~ATLANTIC BEACH FL 32233~~ Jacksonville Beach, FL 32250

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PTD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LAMBERTSON, CHRISTOPHER D		NAME	
STREET ADDRESS	~~877 10TH ST.~~		STREET ADDRESS	910 11th Ave. S.
CITY-ST-ZIP	~~ATLANTIC BEACH FL 32233~~		CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	VSD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	OLSON, ROBERT		NAME	
STREET ADDRESS	~~403 UPPER 36TH AVE S~~		STREET ADDRESS	910 11th Ave. S.
CITY-ST-ZIP	~~JACKSONVILLE BEACH FL 32250~~		CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #