

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90155 036 ***150.00

DOCUMENT # 164090

1. Entity Name
LAUREL HOMES, INC.



Principal Place of Business
150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 32730-7789

Mailing Address
150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 32730-7789

40050010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-0634185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUTTS, ROBERT T.
150 OXFORD RD STE 140
FERN PARK, FL 32730

Name
Joseph D. Robinson, IV

Street Address (P.O. Box Number is Not Acceptable)

150 Oxford Road, Suite 140

City Fern Park

FL

Zip Code 32730

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: Joseph D. Robinson, IV, President 4/10/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 SD
NAME RIDGWAY, JANET L
STREET ADDRESS 150 OXFORD RD SUITE 140
CITY- ST- ZIP FERN PARK, FL 32730 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE DV
NAME ROBINSON, JOSEPH D, IV
STREET ADDRESS 150 OXFORD RD SUITE 140
CITY- ST- ZIP FERN PARK, FL, FL 32730 ☐ Delete

TITLE PD
NAME Robinson, Joseph D. IV
STREET ADDRESS 150 Oxford Road, Suite 140
CITY- ST- ZIP Fern Park, FL 32730-0789 ☒ Change ☐ Addition

TITLE DAS
NAME ROBINSON, LAURA CARROLL
STREET ADDRESS 150 OXFORD RD SUITE 140
CITY- ST- ZIP FERN PARK, FL 32730 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE PD
NAME SHUTTS, ROBERT T
STREET ADDRESS 150 OXFORD RD STE 140
CITY- ST- ZIP FERN PARK, FL 32730 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VD
NAME ROBINSON, PETER G
STREET ADDRESS 315 GREYTWIG RD.
CITY- ST- ZIP VERO BEACH, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE V
NAME ROBINSON, DEEELLEN
STREET ADDRESS 315 GREYTWIG RD
CITY- ST- ZIP VERO BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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: Joseph D. Robinson, IV 4/10/07 407-831-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #