

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 164090

Entity Name: LAUREL HOMES, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 327307789

New Principal Place of Business:

150 OXFORD RD
SUITE 140
FERN PARK, FL 327307789

Current Mailing Address:

150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 327307789

New Mailing Address:

FEI Number: 59-0634185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, IV, JOSEPH
150 OXFORD ROAD
SUITE 140
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: RIDGWAY, JANET L
Address: 150 OXFORD RD SUITE 140
City-St-Zip: FERN PARK, FL 32730

Title: PD () Delete
Name: ROBINSON, JOSEPH D, IV
Address: 150 OXFORD RD SUITE 140
City-St-Zip: FERN PARK, FL, FL 32730

Title: DAS () Delete
Name: ROBINSON, LAURA CARROLL
Address: 150 OXFORD RD SUITE 140
City-St-Zip: FERN PARK, FL 32730

Title: VD () Delete
Name: ROBINSON, PETER G
Address: 315 GREYTWIG RD.
City-St-Zip: VERO BEACH, FL 00000,

Title: V () Delete
Name: ROBINSON, DEEELLEN
Address: 315 GREYTWIG RD
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D. ROBINSON, IV

PD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date