2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 229891

1. Entity Name FLORIDA HOMES, INC.



Principal Place of Business

1907 SOUTH WOOD ST

5900 TIDEWOOD AVE SARASOTA, FL 34231

Mailing Address

1909 SOUTHWOOD STREET SARASOTA, FL 34231 US

FILED Mar 06, 2006 08:00 AM Secretary of State



02272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0876007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNELL, DEWEY 1909 SOUTHWOOD STREET SARASOTA, FL 34231

DC	N	OT	W	RIT	ſΕ
IN	TH	IIS	SP	AC	E

				e Letter in the second			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	allice ar re	gistered agent, or bo	th, in the State of Flori	da. Tam familiar i	vith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title to	opplicable. (NOTE: Registered As	ent signature	required when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu			÷ 🗆	\$5.00 May Be Added to Fees		-	
10.	OFFICERS AND DIREC	TORS	,		5. 2% May 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KENNELL, DEWEY 1909 SOUTHWOOD STREET SARASOTA, FL					58708 0054-021	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·.	general and playing self-			<u> </u>
title Name Street address City-St-Zip				DO	NOT WI	RITE	11. T.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPA	ACE	en e la m Hiji anim Hiji anime
TITLE MAME STREET ACCRESS CITY-ST-ZIP				· · · · ·			2 44 2 =
Title Name Sireet address City-ST-ZIP					and the second s		

12. I hereby certify that the information supplied with this filing does not quality 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 an other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 2006