

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # 259239	
1. Entity Name HURLBURT HOMES, INC.	
Principal Place of Business FORSMAN CIRCLE FORT WALTON BEACH, FL 32548	Mailing Address P.O. BOX 343 SHALIMAR, FL 32579



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1008815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NABORS, JAMES E 17 LONGWOOD DRIVE SHALIMAR, FL 32579	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NABORS, JAMES E 17 LONGWOOD DR SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILBERT, CONNIE 29 LONGWOOD DR SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DARNELL, SHARILYN 1 LONGWOOD DR SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/22/07-80037-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Nabors

4/30/07

Date

850/651-2064

Daytime Phone #