

**FOR PROFIT CORPORATION
ANNUAL REPORT**


For Office Use Only

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FILED

11 JUN -2 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| DOCUMENT # 281925 |  |
| 1. Entity Name LONGCHAMP HOMES, INC. | |

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| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # US HWY 301 SOUTH | 3. Mailing Address 14353 US HWY 301 S |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

CR2E034B (1/11)

| | |
|--|--|
| City & State STARKE, FLORIDA | City & State STARKE, FLORIDA |
| Zip 32091 | Country USA |
| City & State STARKE, FLORIDA | City & State STARKE, FLORIDA |
| Zip 32091 | Country USA |

| | |
|---|---|
| 4. FEI Number 59-1059090 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| | |
|---|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name LISA L. WILSON | |
| Street Address (P.O. Box Number is Not Acceptable) 14439 US HWY 301 SOUTH | |
| City STARKE | Zip Code FL 32091 |

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

E-mail Address:

E-mail address to be used for future annual report notices.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LISA L WILSON 14439 US HWY 301 S STARKE, FLORIDA 32091 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BIZIER, CLERMONT 2468 BEGONIA DRIVE MIDDLEBURG, FLORIDA 32068 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT WILSON, LISA L 14439 US HWY 301 S STARKE, FLORIDA 32091 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **LISA L WILSON** **LISA L WILSON** 5-31-2011 904-964-8202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #