2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State
02-08-2006 90005 044 ***150.00

DOCUMENT # 294159

1. Entity Name
GREATER HOMES, INC.

Principal Place of Business	Mailing Address
1105 KENSINGTON PK DR ALTAMONTE SPGS, FL 32714	1105 KENSINGTON PK DR ALTAMONTE SPGS, FL 32714

01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1107583
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANDELL, ROBERT A.
1105 KENSINGTON PARK DR
ALTAMONTE SPRINGS, FL 32714

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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CE
NAME	MANDELL, LESTER N
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	CCEO
NAME	MANDELL, ROBERT A.
STREET ADDRESS	1105 KENSINGTON PARK DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	VD.
NAME	SNYDER, SIMON
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	P
NAME	GREGG, CHARLES W
STREET ADDRESS	1105 KENSINGTON PK DR
CITY-ST-ZIP	ALTAMONT SPRINGS, FL
TITLE	VP
NAME	CONLEY, HAMPTON W
STREET ADDRESS	1105 KENSINGTON PK DR
CITY-ST-ZIP	ALTAMONT SPTINGS, FL
TITLE	CFO
NAME	GALLAGHER, STEPHEN M
STREET ADDRESS	1105 KENSINGTON PARK DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4078690300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #