

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # 300134 1. Entity Name JEFFREY HOMES, INC.	
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Principal Place of Business 708 LITHIA PINECREST RD. STE. 103 BRANDON, FL 33511	Mailing Address P.O. BOX 649 BRANDON, FL 33509-0649
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1157089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEFCIK, BRIAN S
708 LITHIA PINECREST RD #103
BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000785956
01/17/08-80020-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEFCIK, WILLIAM T. 2812 COMMONWEALTH AVE. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEFCIK, KAY J 2812 COMMONWEALTH AVE. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEFCIK, BRIAN S 2808 COMMONWEALTH AVE. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEFCIK, SHARON M 2808 COMMONWEALTH AVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ **1/10/08** **813-689-7101**

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