

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90029 027 \*\*\*158.75

**DOCUMENT # 399308**

1. Entity Name

**GENERAL HOME DEVELOPMENT CORPORATION**



Principal Place of Business

**13924 7TH STREET  
DADE CITY FL 33525  
US**

Mailing Address

**13924 7TH STREET  
DADE CITY FL 33525  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1395310**

Applied For

Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, THOMAS  
13924 7TH ST  
DADE CITY FL 33525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS E	
STREET ADDRESS	13924 7TH STREET	
CITY - ST - ZIP	DADE CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTS, KEVIN T	
STREET ADDRESS	13924 7TH STREET	
CITY - ST - ZIP	DADE CITY FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WINN, TONI M	
STREET ADDRESS	13924 7TH STREET	
CITY - ST - ZIP	DADE CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALLISON, BARBARA	
STREET ADDRESS	37041 PALM AVE	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BRIAN	
STREET ADDRESS	3000 HERON PLACE	
CITY - ST - ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/11/08 (352) 567-6581  
Date Daytime Phone #