

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

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**

6. Name and Address of Current Registered Agent
SMITH, THOMAS
13924 7TH ST
DADE CITY, FL 33525

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

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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Kevin Roberts*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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