## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 404387**

AMERICA'S FIRST HOME, INC.



Principal Place of Business

9220 BONITA BEACH RD

**STE 109** 

BONITA SPRINGS, FL 34135

Mailing Address

9220 BONITA BEACH RD

STE 109

BONITA SPRINGS, FL 34135

US

## **FILED** Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90123 003 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

03062008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1400190

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, MICHAEL B SHEPPARD, BRETT, STEWART, HERSCH & KINSEY 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	surpose of changing its regi	istered office or	registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Reg	gistered Agent signatu	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign F     Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREY, BARRY E. 9220 BONITA BEACH ROAD, STE 10 BONITA SPRINGS, FL 34135	9			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDS FREY, WILLIAM M 9220 BONITA BRACH RD STE 109 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
TITLE 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry E. Frey

Daytime Phone #