

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 418802**

1. Entity Name  
**HOMES OF MERIT, INC.**



Principal Place of Business  
**PO BOX 1606  
BUILDING 121 BARTOW AFB  
BARTOW, FL 33830 US**

Mailing Address  
**2701 CAMBRIDGE CT, 300  
AUBURN HILLS, MI 48326 US**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1438488**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

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 P  
NAME WILLIAMS, B J  
STREET ADDRESS 1738 B HILLDALE RD # 203  
CITY-ST-ZIP DURHAM, NC 27705

TITLE V  
NAME BRUGGE, RICK  
STREET ADDRESS 2701 CAMBRIDGE CT #300  
CITY-ST-ZIP AUBURN HILLS, MI 48326

TITLE V  
NAME NICKLAS, DERELL  
STREET ADDRESS 2701 CAMBRIDGE CT #300  
CITY-ST-ZIP AUBURN HILLS, MI 48326

TITLE VS  
NAME COLLINS, JOHN J JR  
STREET ADDRESS 2701 CAMBRIDGE CT #300  
CITY-ST-ZIP AUBURN HILLS, MI 48326

TITLE TAS  
NAME CECIL, JOE  
STREET ADDRESS 2701 CAMBRIDGE CT #300  
CITY-ST-ZIP AUBURN HILLS, MI 48326

TITLE TAS  
NAME SETTLE, NEIL  
STREET ADDRESS 2701 CAMBRIDGE CT #300  
CITY-ST-ZIP AUBURN HILLS, MI 48326

**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 an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jimmy Paul* *Jimmy Paul* 1/9/06 248-340-7253