## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 13, 2006 08:00 AM **DOCUMENT # 433758 Secretary of State** 1. Entity Name TEMPO HOMES, INC. Principal Place of Business Mailing Address 7552 NAVARRE PKWY PO 80X 5673 NAVARRE FL 32566 SUITE 6 NAVARRE FL 32566 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-1573023 Not Applicat Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Marne LEMON, RANDALL S Street Address (P.O. Box Number is Not Acceptable) 2643 EDMUND DRIVE **GULF BREEZE FL 32563** City Zip Code 5. 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 fitte if applicable DATE INOTE Registered Agent signature required when renslating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ŊΡ ☐ Addition TITLE Delete THE ☐ Change U000000462958 NAME LEMON, RANDALL S. NAME 03/21/06-80056-024 150.00 STREET ADDRESS STREET ADDRESS 2643 EDMUND DRIVE CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32563** ☐ Delete TITLE Change Addition 🔲 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZOP ☐ Delete TYPLE ☐ Change ☐ Addition TALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-DF Delete ☐ Change ☐ Addition TITLE TIDE NAME NAME STRELT ADDRESS STREET ADDRESS CITY-ST-ZIP C)TY-S1-Z)P SITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 118, 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.

**FILED**