

2006 FOR PROFIT CORPORATION REINSTATEMENT

06 JUL 26 PM 7:17

DOCUMENT #462224

1. Entity Name
A & K HOME BUILDERS, INC.



Principal Place of Business
1206 CHEROKEE CIRCLE DRIVE
SEVIERVILLE, TN 37862

Mailing Address
P.O. BOX 4960
SEVIERVILLE, TN 37864

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06192006

REIN-P

CR2ED95 (11/05)

05-06

4. FEI Number
59-1634564

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, H. CHARLES
8600 S.OCEAN DRIVE, SUITE 1201
JENSEN BEACH, FL 34957

Name **H. CHARLES ANDERSON**
Street Address (P.O. Box Number is Not Acceptable)
1206 CHEROKEE CIRCLE DRIVE
City **SEVIERVILLE TN** Zip Code **37862**

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 *H. Charles Anderson Pres.*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/14/06
Date

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **ANDERSON, H. CHARLES**
STREET ADDRESS **8600 S.OCEAN DR. #1201**
CITY - ST - ZIP **JENSEN BEACH, FL 34957**

TITLE **PRES.** ☒ Change ☐ Addition
NAME **H. CHARLES ANDERSON**
STREET ADDRESS **622 DOUGLAS DAM RD.**
CITY - ST - ZIP **KODAK TN. 37764**

TITLE **S** ☒ Delete
NAME **ANDERSON, GALE**
STREET ADDRESS **656 RIVER ROAD**
CITY - ST - ZIP **GATLINBURG, TN**

TITLE **SECT.** ☒ Change ☐ Addition
NAME **GALE ANDERSON**
STREET ADDRESS **622 DOUGLAS DAM RD.**
CITY - ST - ZIP **KODAK TN. 37764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE ☐ Delete
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500078271455
08/02/06--01033--017 **900.00

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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: *H. Charles Anderson Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/06
Date

Daytime Phone #