


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 475279		
1. Entity Name FLORIDA HOME DESIGNS, INC.		
Principal Place of Business 444 WEST PIPKIN RD. LAKELAND, FL 33813 US	Mailing Address 444 WEST PIPKIN RD. LAKELAND, FL 33813 US	

DO NOT WRITE IN THIS SPACE

03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1950221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERT NUNEZ, JR. 2670 BELLERIVE DR. LAKELAND, FL 33803
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**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  3-14-08
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000876647
04/11/08-80079-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ JR., ROBERT 2670 BELLERIVE DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NUNEZ, JUNIS 2670 BELLERIVE DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUNEZ, ROBERT 855 WHISPER WOODS DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08

Date

Daytime Phone #