2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #497513

1 Entity Name

MAGNUM HOMES & DEVELOPMENT, INC.



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

1928 VALENCIA WAY CLEARWATER, FL 33764 Mailing Address

1928 VALENCIA WAY CLEARWATER, FL 33764



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DO NOT WRITE IN THIS SPACE

01092008	No Cha-P	CR2E034 (11/05)	

4. FEI Number 59-1647907

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LETIZE, RONALD 1928 VALENCIA WAY CLEARWATER, FL 33764

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its re	egistered office or r	egistered agent, or bo	th, in the State of	Florida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	lapplicable (NOTE F	Registered Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	U000 05/07/0	00912362 8-80067-023	150.00
10.	OFFICERS AND DIREC	CTORS					
NAME STREET ADDRESS CITY+SI-ZIP	PD LETIZE, RONALD 1928 VALENCIA WAY CLEARWATER, FL 33764	·					*
TITLE . NAME STREET ADDRESS CITY-SI-ZIP					. 1.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT \	WRITE	r
TITLE			ı	INI '	THIC C	DACE	

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:	Konald	Letin	Ronald	Letize
	CIGNATURE AND TYPE	D DE BOINTED MAN DE CICNIA	IC OFFICER OF DIRECTOR	1

727-433-1143

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