

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 510751 1. Entity Name FLORIDA WOODLAND HOMES, INC.	
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Principal Place of Business 4127 NW 27TH LN STE A GAINESVILLE, FL 32606	Mailing Address PO BOX 357845 GAINESVILLE, FL 32635
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01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1704277	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, DENNIS G. 4127 NW 27TH LANE, STE A GAINESVILLE, FL 32606
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, JANET L 4127 N.W. 27TH LN, STE A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEE, DENNIS G. 4127 NW 27TH LN, STE A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIES, LISA 4127 NW 27TH LANE, STE A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEE, CARIDAD, E. 4127 NW 27TH LN, STE A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000605970 01/30/07-80061-004 150.00 DO NOT WRITE IN THIS SPACE
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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:  Janet L. McDonald 352-334-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #