2008 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #510751** 1. Entity Name FLORIDA WOODLAND HOMES, INC. Principal Place of Business Mailing Address 4127 NW 27TH LN PO BOX 357845 GAINESVILLE, FL 32635 STE A GAINESVILLE, FL 32606 No Cha-P 01102008 DO NOT WRITE IN THIS SPACE 4. FEI Number 5. 6. Name and Address of Current Registered Agent LEE, DENNIS G. 4127 NW 27TH LANE, STE A GAINESVILLE, FL 32606

FILED Jan 23, 2008 08:00 Al Secretary of State

CR2E034 (11/05)

Applied For

Not Applicable

_59-1704277		Not Appl
Certificate of Status Desired		5 Additional equired

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								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00		 Election Campaign Financi Trust Fund Contribution. 	ing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	OTORS			<u> </u>			
TITLE	PD							
NAME	MCDONALD, JANET L							
STREET ADDRESS	4127 N.W. 27TH LN, STE A							
CITY-ST-ZIP	GAINESVILLE, FL 32606							
TITLE	VSD							
NAME	LEE, DENNIS G.				110000000000000			
STREET ADDRESS	4127 NW 27TH LN, STE A				U00000791759			
CITY-ST-ZiP	GAINESVILLE, FL 32606				01/23/08-80089-007 150.00			
TITLE	AS							
NAME:	DAVIES, LISA							
STREET ADDRESS	4127 NW 27TH LANE, STE A			DO	NOT WOITE			
CITY-ST-ZIP	GAINESVILLE, FL 32606	1		טע	NOT WRITE			
TITLE	AS			IAI '	THIS SPACE			
NAME	LEE, CARIDAD, E.			114	I NIS SPACE			
STREET ADDRESS	4127 NW 27TH LN, STE A							
CITY-ST-ZIP	GAINESVILLE, FL 32606							
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIP					•			
TITLE								
NAME								
Street address								
CITY-SI-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 Instee 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: