

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90180 009 \*\*\*150.00

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01052007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 536745</b> 1. Entity Name <b>TRIBUNE HOMES, INC.</b>					
Principal Place of Business <b>2611-B WEST 23RD PANAMA CITY, FL 32405-2394</b>			Mailing Address <b>2611-B WEST 23RD PANAMA CITY, FL 32405-2394</b>		
2. Principal Place of Business - No P.O. Box # <b>1701 TENNESSEE AVE.</b>		3. Mailing Address <b>1701 TENNESSEE AVE.</b>		4. FEI Number <b>59-1744948</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Suite, Apt. #, etc. <b>SUITE 100</b>		Suite, Apt. #, etc. <b>SUITE 100</b>			
City & State <b>LYNN HAVEN, FL</b>		City & State <b>LYNN HAVEN, FL</b>			
Zip <b>32444</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>JENKINS, ERIC A. 2611-B WEST 23RD PANAMA CITY, FL</b>				7. Name and Address of New Registered Agent Name <b>JENKINS, ERIC A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1701 TENNESSEE AVE.</b> <b>SUITE 100</b> City <b>LYNN HAVEN</b> <b>FL</b> Zip Code <b>32444</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, ERIC A 2611-B W. 23RD STREET PANAMA CITY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, ERIC A. 1701 TENNESSEE AVE. SUITE 100 LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/2/07</b> (850) 277-0477 <small>Daytime Phone #</small>		

ERIC A. JENKINS