## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 561626** 06 MAR - 1 PM 1:29 1. Entity Name PLETCHER HOMES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 12226 GARDEN LAKE CIR. 12226 GARDEN LAKE CIR. ODESSA, FL 33556 ODESSA, FL 33556 US 02082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1938176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLETCHER, JOHN J DO NOT WRITE 12226 GARDEN LAKE CIR. ODESSA, FL 33556 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!' FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD PLETCHER, JOHN J NAME STREET ADDRESS 12226 GARDEN LAKE CIR. 600067456516 03/09/06--01020--001 \*\*208.00 CITY-ST-ZIP ODESSA, FL 33556 VST TITLE PLETCHER, JOHN J NAME 12226 GARDEN LAKE CIRCLE STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

2/8/06

813 40-8500

Daytime Phone #