


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT #618214
 1. Entity Name
 SYLVESTER HOMES, INC.



Principal Place of Business: 8949 CREST LN, FORT MYERS, FL 33907 US
 Mailing Address: PO BOX 61664, FT MYERS, FL 33906 US

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-1922839 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SYLVESTER, FRED
 8949 CREST LN
 FORT MYERS, FL 33907

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000479922
 04/10/06-80023-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SYLVESTER, FRED
STREET ADDRESS	8949 CREST LN
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied in 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 filing 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 all other like empowered.

SIGNATURE: Fred Sylvester 3/22/06 239-980-3302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time P