

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000003586**

1. Entity Name  
**NATIONWIDE HOMES, INCORPORATED**



Principal Place of Business  
**1100 RIVES ROAD  
MARTINSVILLE, VA 24115**

Mailing Address  
**P.O. BOX 5511  
MARTINSVILLE, VA 24115**



04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-1504881**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 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

U000000741529  
05/15/07-80033-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WATSON, TONY K
STREET ADDRESS	1100 RIVES ROAD
CITY-ST-ZIP	MARTINSVILLE, VA 24115
TITLE	T
NAME	HOLCOMB, JANE
STREET ADDRESS	15303 DALLAS PKWY STE800
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	S
NAME	GOODIN, DAN
STREET ADDRESS	1100 RIVES ROAD
CITY-ST-ZIP	MARTINSVILLE, VA 24115
TITLE	CD
NAME	KEENER, LARRY
STREET ADDRESS	15303 DALAS PKWY STE 800
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	AS
NAME	TACKE, KELLY
STREET ADDRESS	15303 DALAS PKWY STE 800
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Kelly Tacke* Kelly Tacke Asst. Secretary 4-24-07 972-991-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #