2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Feb 05, 2008 8:00 am Secretary of State

1. Entity Name	MENT # F04000007 SE HOMES OF FLORIDA, I			Shari	02-05-2008 9	0006 029 ***1:	50.00	
Principal Place	e of Business	Mailing Address			7 400-	-		
17851 N. 85		17851 N. 85TH ST.						
SUITE 300		SUITE 300						
SCOTTSDALE, AZ 85255 SCOTTSDALE, AZ 85255			55			8111 81811 88111 88111 68 101 1		NERET II 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-1861		 	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate o	f Status Desired	□ \$8.75 A	
	6. Name and Address of Current	Registered Agent			7. Name and 4	Address of New Re		reu .
	. Hallo alla Addisso si salisii	. regional rigone		Name	11 /42/10 2/10 /		grotored rigure	
	ORATION SYSTEM	0 111	(0.0.0.11.1					
	TH PINE ISLAND ROAD			Street Addres	s (P.O. Box Number	is not acceptable)		
PLANTATI	ON, FL 33324							
				City			EI Zip Ci	vde
							<u> </u>	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s register	ed office or regis	stered agent, or both	i, in the State of Flor	ida. I am familiar wi	h, and accept
SIGNATURE_							DATE	
	Signature, typed or printed name of registered agent	rand title it applicable. [NO	IL. Hogistere	d Agent signature requ	med when remaining,		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con	-		55.00 May Be dded to Fees			
		.00 Trust Fund Con	-	Ă	dded to Fees	CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11
After Ma	ay 1, 2008 Fee will be \$550.	ODIRECTORS	tribution.	Ä	dded to Fees	CHANGES TO OFFIC	CERS AND DIRECTO	
After Ma	ay 1, 2008 Fee will be \$550.	.00 Trust Fund Con	tribution.	- A	ADDITIONS/C CEO Steven J. Hiltor	1	☐ Chang	
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Intereuty 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 prequired 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.

SI	GI	NΖ	1TL	IR	F

C. Timothy White C. C. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

480-515-8100

Daytime Phone #