


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000007175	
1. Entity Name LOG CABIN HOMES LTD CORPORATION	

Principal Place of Business 1600 DOLGNER PLACE PORT OF SANFORD SANFORD, FL 32771	Mailing Address PO DRAWER 1457 ROCKY MOUNT, NC 27802
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
07 MAY 30 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05252007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1565586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 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 DALE W. MORRIS **DALE W. MORRIS** ASSISTANT VICE PRESIDENT

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CT PRESIDENT</u> VESCE, THOMAS J 4552 AARON LANE ELM CITY, NC 27822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROOKS, JEFF 1548 HARRISON ROAD NASHVILLE, NC 27856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVERY, EUGENE 1413 CRABAPPLE ROAD ROCKY MOUNT, NC 27801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOYNER, DOROTHY 11053 NC 97 WEST ROCKY MOUNT, NC 27801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400103902724  
06/05/07--01027--005 \*\*150.00

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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: TOM VESCE, President 5/26/07 252-454-1510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone