


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F95000002070</b>		
1. Entity Name <b>GENERAL HOUSING CORPORATION</b>		
Principal Place of Business <b>2810 COPTER ROAD PENSACOLA, FL 32514 US</b>		Mailing Address <b>PO BOX 38687 GERMANTOWN, TN 38183</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		05032006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>62-0799854</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>ROBERTSON, WILSON 2810 COPTER ROAD PENSACOLA, FL 32514</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	P	
NAME	MURRAY, W. STEVE	
STREET ADDRESS	3245 SOUTH AVENUE	
CITY-STATE-ZIP	MEMPHIS, TN 38125	
TITLE	VCVS	
NAME	MURRAY, DOROTHY S	
STREET ADDRESS	3245 SOUTH AVENUE	
CITY-STATE-ZIP	MEMPHIS, TN 38125	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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: <i>Steve Murray</i>		<b>4-30-06</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>