

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90326 031 ***150.00

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DOCUMENT # H08387 1. Entity Name BLOXHAM HOMES, INC.			
Principal Place of Business 12344 TREELINE AVE SUITE 7 FORT MYERS, FL 33913 US		Mailing Address 12344 TREELINE AVE SUITE 7 FORT MYERS, FL 33913 US	
2. Principal Place of Business <i>12344 Treeline Ave</i> Suite, Apt. #, etc. <i>Suite 7</i> City & State <i>Fort Myers, FL</i> Zip <i>33913</i> Country <i>USA</i>		3. Mailing Address <i>12344 Treeline Ave</i> Suite, Apt. #, etc. <i>Suite 7</i> City & State <i>Fort Myers, FL</i> Zip <i>33913</i> Country <i>USA</i>	
4. FEI Number 59-2460755		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOXHAM, NORMAN R 12344 TREELINE AVE SUITE 7 FORT MYERS, FL 33913		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>12344 Treeline Avenue</i> <i>Suite 7</i> City FL Zip Code	
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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLOXHAM, NORMAN R 1860 CARBONATA DRIVE ALVA, FL 33920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Norman R. Bloxham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-5-06</i> Daytime Phone <i>239-728-2143</i>	

Norman R. Bloxham