2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H11294

1. Entity Name

TITLE

MAIN

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FLORIDA HOMES AND LAND INCORPORATED OF VOLUSIA COUNTY



FILED Jan 31, 2008 08:00 Al Secretary of State

Principal Place of	DI Business	Mailing Address				
506 N RIDGEWOOD AVE EDGEWATER FL 32132 US		200 N RIVERSIDE DR EDGEWATER FL 32132 US				
2. Principal Plac	ce of Business - No P.O. Box #	3. Mailing Address				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current HAUGHWOUT, LESLIE C 200 N RIVERSIDE DR		Suite. Apt. #, etc.		1st MOORE CR2E034 (10/07)		
City & State		City & State		4. FEI Number 59-2428161 Applied For Not Applied		
Zıp	Country	Zıp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	EDGEWATER FL 32132 Sould: Apt. #, etc. Sould: Apt. #, etc. Country Zip Country Zip Country Atter May 1, 2008 Fee: Will Be \$550.00 Check Payable to Florida Department of State: OFFICERS AND DIRECTORS TILE DDRESS DD HAUGHWOUT, LESLIE OFFICERS AND DIRECTORS TILE DDRESS ZIP DDRESS ZIP			7. Name and Address of New Registered Agent		
				Name		
HAUGHWOUT, LESLIE C				AND THE RESIDENCE OF TH		
200 N	I RIVERSIDE DR		Street Add	Idress (P.O. Box Number is Not Acceptable)		
EDGE	WATER FL 32132					
			City	City FL Zip Code		
		or the purpose of changing i	is registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and acce		
i ine obligacion	is or registered agent.					
SIGNATURE						
Sidi strone sa	mature, typed or primed (-2019 of 16g 119rod agen	tangite Empplease (NC	TE. Registered Agent contatur	rr required when constitute() DATE		
After Ma	ay 1, 2008 Fee Will Be \$550.0	0 11 1 1 1		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Feet		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PE	D	☐ Derete	TITLE	Change Addit		
NAME H	AUGHWOUT, C. LESLIE		NAME			
STREET ADDRESS 20	00 N RIVERSIDE DRIVE		STREET ADDRESS			
CITY-ST-ZIP E	DGEWATER FL 32132		CITY-ST-ZIP			
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			STREET ADDRESS			
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'''	640 23RD AVE. N.E.	••	STREET ADDRESS			
CITY-ST-ZIP HI	ICKORY NC 28601		CITY-ST-ZIP			

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITLE

NAME

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CHY-ST-ZIP

SIGNATURE: Leslie C. Laughwout

HAUGHWOUT, E. ROBERT

EDGEWATER FL 32132

123 RIO VISTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Da'ete

Delete

Delete

1/28/08 386 428-1810

☐ Change

☐ Change

Change

Addition

■ Addition

Addition