


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H77615</b> 1. Entity Name AMAZING HOMES, INC.		
Principal Place of Business 9951 ATLANTIC BLVD., #317-3 JACKSONVILLE, FL 32225	Mailing Address 9951 ATLANTIC BLVD., #317-3 JACKSONVILLE, FL 32225	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  JOHNSON, WILBUR E. 8348 NEWTON RD. JACKSONVILLE, FL 32216		
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> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, WILBUR E. 8348 NEWTON RD. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST JOHNSON, CAROL N. 8348 NEWTON RD. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - 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: <u>Wilbur E. Johnson</u> WILBUR E. JOHNSON 21 APRIL 06 904-727-7294 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04202006 No Chg-P CR2E034 (11/05)

4. FCI Number 59-2596350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

~~U00000528919~~ ✓ H  
~~U00000528919~~ 150.00

U00000528919  
U00000528919 150.00