

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H77615

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



04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2596350

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILBUR E.
8348 NEWTON RD.
JACKSONVILLE, FL 32216

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000903574
04/30/08-80053-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, WILBUR E.
STREET ADDRESS	8348 NEWTON RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VST
NAME	JOHNSON, CAROL N.
STREET ADDRESS	8348 NEWTON RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE: Wilbur E. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 APR 08

Date

904-721-7794

Daytime Phone #