

## ANNUAL REPORT

DOCUMENT # H88498

1. Entity Name  
NEW DAY HOMES, INC.Mar 28  
Sec

Principal Place of Business

POST OFFICE BOX 6  
GRANDIN, FL 32138

Mailing Address

POST OFFICE BOX 6  
GRANDIN, FL 32138

03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2612302Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DIGIOVANNI, DEBRA J  
121 SCENIC DR  
INTERLACHEN, FL 32148DO 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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesUD00000278006  
03/28/05-80009-008 150.00

## 10. OFFICERS AND DIRECTORS

TITLE VSD  
NAME DIGIOVANNI, DEBRA J  
STREET ADDRESS 121 SCENIC DR  
CITY- ST- ZIP INTERLACHEN, FLTITLE PD  
NAME LENAS, THOMAS P. (ASST) ST  
STREET ADDRESS 209 BLOSSOM DR  
CITY- ST- ZIP INTERLACHEN, FL 32148TITLE TD  
NAME LENAS, ANITA  
STREET ADDRESS 209 BLOSSOM DR  
CITY- ST- ZIP INTERLACHEN, FLTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPDO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debra J. DiGiovanni

3-24-05 (336) 659-2600