

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H88498

1. Entity Name
NEW DAY HOMES, INC.



Principal Place of Business
**POST OFFICE BOX 6
GRANDIN, FL 32138**

Mailing Address
**POST OFFICE BOX 6
GRANDIN, FL 32138**



03112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. Fbi Number **59-2612302** Applied For
Not Applicable
5. 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 32148**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**000000474831
04/04/06-80039-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE **VSD**
NAME **DIGIOVANNI, DEBRA J**
STREET ADDRESS **121 SCENIC DR**
CITY-ST-ZIP **INTERLACHEN, FL**

TITLE **PD**
NAME **LENAS, THOMAS P.(ASST)ST**
STREET ADDRESS **209 BLOSSOM DR**
CITY-ST-ZIP **INTERLACHEN, FL 32148**

TITLE **TD**
NAME **LENAS, ANITA**
STREET ADDRESS **209 BLOSSOM DR**
CITY-ST-ZIP **INTERLACHEN, FL**

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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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 like empowered.

SIGNATURE: *Debra J. Digiovanni*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06 (386) 659-2600
Date Daytime Phone