

ANNUAL REPORT (AR)

DOCUMENT # H93322

1. Entity Name

NEW HOME DEVELOPMENT, INC.



FILED

Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

402 SHELL POINT RD. EAST
RUSKIN FL 33570
US

Mailing Address

P.O. BOX 1057
RUSKIN FL 33575-1057
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2620595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, AARON R JR
402 SHELL POINT ROAD EAST
RUSKIN FL 33570

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|------------------------|---------------------------|-----------------|--------------------------|
| DP LONG, AARON R JR | 402 SHELL POINT ROAD EAST | RUSKIN FL 33570 | <input type="checkbox"/> |
| DS LONG, CORA E | 402 SHELL POINT ROAD EAST | RUSKIN FL 33570 | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

| NAME | STREET ADDRESS | CITY - ST - ZIP | CHANGE | ADDITION |
|---|----------------|-----------------|--------------------------|--------------------------|
| U00000595964 01/23/07-80060-011 150.00 | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby 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.

SIGNATURE:

Cora E. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07

Date

813-445-3751

Daytime Phone #