2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# J97933

Entity Name: HOMES BY JOHN MAZE INC.

Current Principal Place of Business:

% JOHN MAZE
2012 SE 50 TER
OCALA, FL 32671

New Principal Place of Business:

% JOHN MAZE
2012 SE 50 TER
OCALA, FL 34480

Current Mailing Address:

% JOHN MAZE
2012 SE 50 TER
OCALA, FL 32671

New Mailing Address:

% JOHN MAZE
2012 SE 50 TER
OCALA, FL 34480

FEI Number: 59-2859740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZE, JOHN
2012 SE 50 TER
OCALA, FL 34471 US

Name and Address of New Registered Agent:

MAZE, JOHN
2012 SE 50 TER
OCALA, FL 34480 US

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.

SIGNATURE: 01/03/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAZE, JOHN
Address: 2012 SE 50TH TERR
City-St-Zip: OCALA, FL 34471

Title: DST ( ) Delete
Name: MAZE, ORLENE G.,
Address: 2012 SE 50 TER
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete
Name: MAZE, STEVEN,
Address: 2012 SE 50 TERR
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAZE, JOHN
Address: 2012 SE 50TH TERR
City-St-Zip: OCALA, FL 34480

Title: DST (X) Change ( ) Addition
Name: MAZE, ORLENE G.,
Address: 2012 SE 50 TER
City-St-Zip: OCALA, FL 34480

Title: VP (X) Change ( ) Addition
Name: MAZE, STEVEN,
Address: 2012 SE 50 TERR
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORLENE G. MAZE DST 01/03/2008
Electronic Signature of Signing Officer or Director — Date