


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # K39138
 1. Entity Name
PUMPKIN HOMES INC.



Principal Place of Business 419 KEY EXECUTIVE BUILDING 104 CRANDON BLVD. KEY BISCAVNE, FL 33149	Mailing Address 419 KEY EXECUTIVE BUILDING 104 CRANDON BLVD. KEY BISCAVNE, FL 33149
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0082951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SOTO, MYRNA
 104 CRANDON BLVD #419
 KEY BISCAVNE, FL 33149**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, S.A. 251 CRANDON BLVD #164 KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS SPENCER, MARY M. 251 CRANDON BLVD., #164 KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEISCHNER, STEVEN 1979 DOGWOOD DR. SCOTCH PLAINS, NJ 07076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/15/07-80067-012 150.00

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 of 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: *Steve Leischner* - **Steve Leischner, Secretary** 4/23/07 (305) 361-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #