


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L17300 1. Entity Name POIMBOEUF HOMES INC.		
Principal Place of Business 4266 ELDRIGE LOOP ORANGE PARK, FL 32073 US		Mailing Address P.O. BOX 1456 ORANGE PARK, FL 32067-1456 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POIMBOEUF, BARRY M. 598 THORNWOOD LANE ORANGE PARK, FL 32073		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000411544 02/10/06-80011-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POIMBOEUF, BARRY M. 598 THORNWOOD LANE ORANGE PARK, FL 32073	DO NOT WRITE IN THIS SPACE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Corinne Poimboeuf 1-26-06 904-278-2822