## **2006 FOR PROFIT CORPORATION**

## **FILED**

ANNUAL REPORT				In 27 2006 08:00 A			
DOCUMENT # L35984  1. Entity Name SWEETWATER HOMES REALTY, INC.				Jan 27, 2006 08:00 A Secretary of State			
%STEVE E. I 8016 S. SUN	PONTICOS NCOAST BLVD.	Hailing Address %STEVE E. PONTICOS BO16 S. SUNCOAST BLVD. HOMOSASSA, FL 32646					
כ	OO NOT WRITE II	CE	01102006 No Chg-P CR2E034 (11/05)  4. FEI Number				
8016 S. SI	6. Name and Address of Current Regis S, STEVE E. UNCOAST BLVD. SSA, FL 34446		_	NOT W			
8. The above the obligat	named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and title		Led office or register of Agent signature required		th, in the State of Fig	orida. I am famil	iar with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees		-	
10. TITLE	OFFICERS AND DIRE	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PONTICOS, STEVE E. 7 BYRSONIMA COURT, WEST HOMOSASSA, FL  VD TATE, LARRY 11 BYRSONIMA COURT, WEST HOMOSASSA, FL				U00000 02/06/06	0403410 -80006-00	31 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUSTIN, TERRY 3831 N CATBIRD PT. CRYSTAL RIVER, FL			DO	NOT W	RITE	
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP	SD JOHNSON, RICHARD 10 LINDER CIRCLE HOMOSASSA, FL			IN .	THIS SF	PACE	
TITLE   NAME							

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

= 1/22/0C

Daytime Phone #