

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L35984**

1. Entity Name  
**SWEETWATER HOMES REALTY, INC.**



Principal Place of Business  
**%STEVE E. PONTICOS  
8016 S. SUNCOAST BLVD.  
HOMOSASSA, FL 32646**

Mailing Address  
**%STEVE E. PONTICOS  
8016 S. SUNCOAST BLVD.  
HOMOSASSA, FL 32646**



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2995269</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PONTICOS, STEVE E.  
8016 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446**

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PONTICOS, STEVE E.
STREET ADDRESS	7 BYRSONIMA COURT, WEST
CITY- ST- ZIP	HOMOSASSA, FL

TITLE	VD
NAME	TATE, LARRY
STREET ADDRESS	11 BYRSONIMA COURT, WEST
CITY- ST- ZIP	HOMOSASSA, FL

TITLE	TD
NAME	AUSTIN, TERRY
STREET ADDRESS	3831 N CATBIRD PT.
CITY- ST- ZIP	CRYSTAL RIVER, FL

TITLE	SD
NAME	JOHNSON, RICHARD
STREET ADDRESS	10 LINDER CIRCLE
CITY- ST- ZIP	HOMOSASSA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/22/07-80025-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Stephen E Ponticos* 1/12/07 352-382-4888

Date

Daytime Phone #