2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L46480

1. Entity Name
DEMETREE HOMES, INC.

Principal Place of Business	Mailing Address
731 VASSAR STREET ORLANDO, FL 32804 US	731 VASSAR STREET ORLANDO, FL 32804 US

DO NOT WRITE IN THIS SPACE

04212008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3073955		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEMETREE, PAUL A.
731 VASSAR STREET
ORLANDO, FL 32804

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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, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DEMETREE, JOHN W.
STREET ADDRESS	1312 RIVERVIEW CIRCLE
CITY-ST-ZIP	BRADENTON, FL

TITLE	D
NAME	DEMETREE, PAUL A.
STREET ADDRESS	2620 N WESTMORELAND DR
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	D
NAME	DEMETREE, CECILIA M
STREET ADDRESS	2132 MOHAWK TR
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	D
NAME	DEMETREE, FRANCES M.
STREET ADDRESS	1425 S SUMMERLIN AVE
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/08-80091-011 150.00

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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 address, with all other like empowered.

SIGNATURE: _____   4/28/08   407-246-0317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #