

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M80685**

1. Entity Name  
**ALTERNATIVE HOMEMAKING WITH A HEART, INC.**



Principal Place of Business  
**1055 MACON RD.  
VENICE, FL 34293 US**

Mailing Address  
**1055 MACON RD  
VENICE, FL 34293 US**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0049270**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**GONYER, ROBERT A ESQ.  
1055 MACON RD.  
VENICE, FL 34292**

**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 *Robert A. Gonyer* **Robert A. Gonyer**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*1/4/07*  
DATE

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GONYER, ROBERT A., SR.
STREET ADDRESS	1055 MACON RD.
CITY-ST-ZIP	VENICE, FL
TITLE	VP
NAME	GONYER, FRANCES A.
STREET ADDRESS	1055 MACON RD.
CITY-ST-ZIP	VENICE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000579356  
01/10/07-80005-006 150.00

**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: *Robert A. Gonyer* **Robert A. Gonyer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/4/07* Daytime Phone #