

61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 25 AM 8:32

FLORIDA STATE
JACKSONVILLE, FLORIDA



DOCUMENT # N05000009460 1. Entity Name ARDENT HOMES INCORPORATED			
Principal Place of Business 7925 MERRILL RD BLDG. 1900/SUITE 1906 JACKSONVILLE, FL 32277		Mailing Address 7925 MERRILL RD BLDG. 1900/SUITE 1906 JACKSONVILLE, FL 32277	
2. Principal Place of Business ONE Independent Dr., STE 100 Suite, Apt. #, etc. PO Box 74 City & State Jacksonville, FL Zip 32202		3. Mailing Address ONE Independent Dr., STE 100 Suite, Apt. #, etc. PO Box 74 City & State Jacksonville, FL Zip 32202	
4. FEI Number 04192006 Chg-NP		CR2E037 (11/05) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WOODALL, M. KEVIN SR 1710 CHANDELIER CIRCLE EAST JACKSONVILLE, FL 32255	
7. Name and Address of New Registered Agent Name MITCHELL K. WOODALL, SR. Street Address (P.O. Box Number is Not Acceptable) ONE Independent Drive, Suite 100 PO Box 74 City JACKSONVILLE		FL Zip Code 32202	
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 4-20-2006 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME WOODALL, M. KEVIN STREET ADDRESS 7925 MERRILL RD BLDG. 1900/SUITE 1906 CITY-ST-ZIP JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME ONE Independent Drive, Suite 100 STREET ADDRESS PO Box 74 Jacksonville, FL 32202 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WOODALL, MARY L STREET ADDRESS 7925 MERRILL RD BLDG. 1900/SUITE 1906 CITY-ST-ZIP JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME Address SAME AS ABOVE STREET ADDRESS Address SAME AS ABOVE CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SAPP, TAMMY P STREET ADDRESS 7925 MERRILL RD BLDG. 1900/SUITE 1906 CITY-ST-ZIP JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME Address SAME AS ABOVE STREET ADDRESS Address SAME AS ABOVE CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 700072687777 STREET ADDRESS 04/28/06--01003--009 **377.50 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:		4-20-2006 (904) 329-0600 <small>Date Daytime Phone #</small>	