
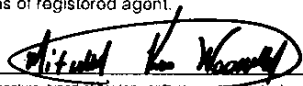


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90070 045 ****61.25

DOCUMENT # N05000009460			
1. Entity Name ARDENT HOMES INCORPORATED			
Principal Place of Business 3947 BLVD. CENTER DRIVE BLDG. 1000, SUITE 122 JACKSONVILLE FL 32207		Mailing Address 3947 BLVD. CENTER DRIVE BLDG. 1000, SUITE 122 JACKSONVILLE FL 32207	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1274203		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, MITCHELL K SR ONE INDEPENDENT DR, STE 100 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name MITCHELL K. WOODALL, SR. Street Address (P.O. Box Number is Not Acceptable) 3947 Blvd. Center Drive Bldg. 1000, Suite 122 City Jacksonville FL Zip Code 32207	
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 		DATE 1/26/2007	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOODALL, M. KEVIN ONE INDEPENDENT DR, STE 100 JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President; MITCHELL K. WOODALL, SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3947 Blvd Center Dr. Bldg. 1000, Suite 122 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODALL, MARY L ONE INDEPENDENT DR, STE 100 JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODALL, TAMMY P ONE INDEPENDENT DR, STE 100 JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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
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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 Section 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2007

Date

(904) 229-0600

Daytime Phone #