2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010556

Entity Name: PERIOD STYLE HOMES, INC.

2248 ALDRIDGE AVENUE

FORT MYERS, FL 33907

Address: City-St-Zip: FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1375 SIROCCO STREET FT MYERS, FL 33919 **Current Mailing Address: New Mailing Address:** 1375 SIROCCO STREET FT MYERS, FL 33919 FEI Number: 65-0919321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAWRENCE, WILFORD A 1375 SIROCCO STREET FT MYERS, FL 33919 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LAWRENCE, WILFORD A Name: Name: 1375 SICOCCO STREET Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: () Delete Title: VΡ Title: (X) Change () Addition LAWRENCE, CLAY E Name: Name: LAWRENCE, CLAY E 146 TEXAS AVENUE 680 SHARP LN #406 Address: Address: FORT MYERS, FL 33905 BATON ROUGE, LA 70815 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GARRETT, ROBIN L Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WILFORD A LAWRENCE P 04/21/2009