
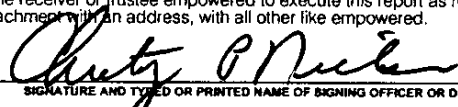


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P00000022044</b> 1. Entity Name <b>TAYLOR MADE HOMES OF THE NATURE COAST, INC.</b>						<b>FILED</b> <b>07 MAY -7 AM 8:28</b> OFFICE OF THE CLERK OF THE COURT ALACHUA COUNTY, FLORIDA	
Principal Place of Business <b>7165 SOUTH SUNCOAST BOULEVARD HOMOSASSA, FL 34446</b>				Mailing Address <b>7165 SOUTH SUNCOAST BOULEVARD HOMOSASSA, FL 34446</b>			
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 <b>59-3629031</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>THOMAS, RONALD A JR 5550 S CORAL BELLS AVE HOMOSASSA, FL 34448</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD</b> <b>NIELSEN, CHRISTOPHER P</b> <input type="checkbox"/> Delete <b>7165 SOUTH SUNCOAST BOULEVARD</b> <b>HOMOSASSA, FL 34448</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300103098283</b> <b>05/23/07--01017--016 **61.25</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>THOMAS, RONALD A JR</b> <b>5550 S CORAL BELLS AVE</b> <b>HOMOSASSA, FL 34448</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>ANDERSON, LONN B</b> <b>7 LAURELCHERRY COURT</b> <b>HOMOSASSA, FL 34446</b>			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 <div style="font-size: 2em; text-align: center;">07/16</div>			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		
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 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.							
<b>SIGNATURE:</b> 				<b>5/4/07</b> <b>352-621-9181</b> <small>Date Daytime Phone #</small>			