


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000032151	
1. Entity Name 21ST HOMES INC.	

Principal Place of Business 121 OLD KINGS ROAD STE B216 PALM COAST, FL 32137	Mailing Address PO BOX 351579 PALM COAST, FL 32135
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DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3638945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEON, LISA M
4475 US 1 SOUTH, SUITE 201
ST. AUGUSTINE, FL 32086

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITTMER, LAWRENCE 12547 CLEVELAND AVE. UNIONTOWN, OH 44685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V T WITTMER, KENNY 121 N. CORAL REEF CT. PALM COAST, FL 32137
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04/28/06-80075-013 150.00

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #