2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P00000052342

Entity Name: FLORIDA WHOLESALE HOMES OF LIVE OAK, INCORPORATED

Current Principal Place of Business:

7434 COUNTY ROAD 795
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

7434 COUNTY ROAD 795
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 59-3672540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOWERS, JACK
20947 136TH ST
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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:

Title: PTD ( ) Delete
Name: FLOWERS, JACK
Address: 7434 CR 795
City-St-Zip: LIVE OAK, FL 32060

Title: VP ( ) Delete
Name: FLOWERS, ALEX
Address: 13296 209TH ROAD
City-St-Zip: LIVE OAK, FL 32060 US

Title: VP ( ) Delete
Name: SWINDELL, ANNA
Address: 12857 209TH ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: S ( ) Delete
Name: PRICKITT, VICKI
Address: 15934 COUNTY ROAD 250
City-St-Zip: LIVE OAK, FL 32060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANNA SWINDELL VP 04/29/2009

Electronic Signature of Signing Officer or Director — Date