
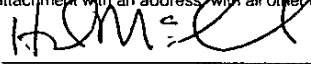


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 8:00 am
Secretary of State

01-08-2008 90004 006 ***150.00

DOCUMENT # P00000056183 1. Entity Name FLORIDA 1ST HOME CONSTRUCTION MANAGEMENT, INC.					
Principal Place of Business 343 GRANDE OAKS BLVD. CANTONMENT, FL 32533			Mailing Address 343 GRANDE OAKS BLVD. CANTONMENT, FL 32533		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3648973 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01052008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent MCCORMICK, HOWARD D 1831 KINGS WAY DR CANTONMENT, FL 32533			7. Name and Address of New Registered Agent Name MCCORMICK, HOWARD D Street Address (P.O. Box Number is Not Acceptable) 343 GRANDE OAKS BLVD. City CANTONMENT FL Zip Code 32533		
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, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCORMICK, HOWARD D 1831 KINGS WAY DRIVE CANTONMENT, FL 32533 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCORMICK, HOWARD D 343 GRANDE OAKS BLVD CANTONMENT, FL 32533 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCCORMICK, DEBRA L 1831 KINGS WAY DRIVE CANTONMENT, FL 32533 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCCORMICK, DEBRA L 343 GRANDE OAKS BLVD CANTONMENT, FL 32533 <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 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:  HOWARD D. MCCORMICK 1/5/08 850-968-1330					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					