

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000060082

1. Entity Name
SOUTH FLORIDA HOME PRO, INC.



Principal Place of Business
**6601 LYONS ROAD, BUILDING I UNIT 8
COCONUT CREEK, FL 33073**

Mailing Address
**6601 LYONS ROAD, BUILDING I UNIT 8
COCONUT CREEK, FL 33073**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1022007

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KLAUBER, ADAM ESQ
10211 WEST SAMPLE ROAD SUITE 117
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000688018

04/10/07-80063-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, JAMES J
STREET ADDRESS	6601 LYONS ROAD, BUILDING I UNIT 8
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	VP
NAME	WALKER, BRAIN D
STREET ADDRESS	10150 WINDTREE LANE NORTH
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	ST
NAME	WALKER, BARBARA J
STREET ADDRESS	22353 COLLINGTON DR
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

01-29-07

Daytime Phone #