


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000080216 1. Entity Name HOMES OF WAUCHULA, INC.	
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Principal Place of Business 220 N. 6TH AVENUE WAUCHULA, FL 33873	Mailing Address 220 N. 6TH AVENUE WAUCHULA, FL 33873
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DO NOT WRITE IN THIS SPACE



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1037692	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 FLORES, OCTAVIANO R JR. 220 N. 6TH AVENUE WAUCHULA, FL 33873

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD ROBERTS, LAWRENCE A 1289 PINE COURT WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FLORES, OCTAVIANO R JR. 1382 NORTH FLORIDA AVENUE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FLORES, ORALIA D 1382 NORTH FLORIDA AVENUE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/08/08-80025-003 150.00

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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: Lawrence A Roberts Lawrence A Roberts 1/2/08 8637733334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #