

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90239 001 ***150.00

DOCUMENT # P00000107958

1. Entity Name
NEW HOMES SPECIALIST OF TAMPA BAY, INC.



Principal Place of Business
**3730 HOLLOW WOOD DRIVE
VALRICO, FL 33594**

Mailing Address
**3730 HOLLOW WOOD DRIVE
VALRICO, FL 33594**

60000399



2. Principal Place of Business - No P.O. Box #
6221 Kingbird Manor Dr
Suite, Apt. #, etc.

3. Mailing Address
6221 Kingbird Manor Dr.
Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State
Lithia FL
Zip
33547
Country
Hillborough

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Country
Hillborough

4. FEI Number
59-3684743
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SORENSEN, JOANN E
3730 HOLLOW WOOD DRIVE
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name
Same
Street Address (P.O. Box Number is Not Acceptable)
6221 Kingbird Manor Dr
City
Lithia FL Zip Code
33547

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

Joann E Sorensen

Jan 5, 2007
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**

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
SORENSEN, JOANN E
STREET ADDRESS
3730 HOLLOW WOOD DRIVE
CITY-ST-ZIP
VALRICO, FL 33594

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
☒ Change ☐ Addition
NAME
6221 Kingbird Manor Dr.
STREET ADDRESS
Lithia FL 33547
CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME
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CITY-ST-ZIP
☐ Change ☐ 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:

Joann E Sorensen

Jan 5, 2007
Daytime Phone #

800-681-6335