

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90037 044 \*\*\*150.00

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01312006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P00000109310</b>					
1. Entity Name HAMSHER HOMES, INC.					
Principal Place of Business 12366 NORTH ACCESS ROAD UNIT #1 PORT CHARLOTTE, FL 33981			Mailing Address 12366 NORTH ACCESS ROAD UNIT #1 PORT CHARLOTTE, FL 33981		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1058336	
				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 HAMSHER, LISA 5398 KENVIL DR. NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name Lisa Hamsher Street Address (P.O. Box Number is Not Acceptable) 12366 North Access Road Unit #1 City Port Charlotte FL Zip Code 33981		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMSHER, DONALD W JR 84 PINEHURST CRT. ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMSHER, MARK E 2114 DOOLITTLE LANE PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMSHER, LISA J 84 PINEHURST CRT. ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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: <u>Lisa J. Hamsher</u> Secretary/Treasurer 2-16-06 941-697-8888					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					