

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90369 025 ***150.00

DOCUMENT # P00000109310 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1058336	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HAMSHER, LISA 12366 NORTH ACCESS ROAD UNIT 1 PORT CHARLOTTE, FL 33981				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
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			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	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMSHER, MARK E 2114 DOOLITTLE LANE PORT CHARLOTTE, FL 33953	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMSHER, LISA J 84 PINEHURST CRT. ROTONDA WEST, FL 33947	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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> <u>Lisa J. Hamsher</u> <u>3/2/07</u> <u>941-697-8888</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					