2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000035877

1. Entity Name
FRESH START HOMES CORPORATION

Principal Place of Business	Mailing Address
18609 GERACI ROAD LUTZ, FL 33549	3959 VAN DYKE ROAD #294 LUTZ, FL 33548-4986

U00000945539
05/30/08-00013-018 150.00

04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1103834
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, JUDY E
18609 GERACI ROAD
LUTZ, FL 33549

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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 _____ DATE
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRIS, JUDY E
STREET ADDRESS	18609 GERACI ROAD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	DVP
NAME	MORRIS, THOMAS L
STREET ADDRESS	18609 GERACI ROAD
CITY-ST-ZIP	LUTZ, FL 335494986
TITLE	DT
NAME	MORRIS, JEN-L E.
STREET ADDRESS	18609 GERACI ROAD
CITY-ST-ZIP	LUTZ, FL 335494986
TITLE	DS
NAME	MORRIS, KYLEE
STREET ADDRESS	18609 GERACI ROAD
CITY-ST-ZIP	LUTZ, FL 335494986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ JUDY MORRIS X 4/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #