

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # P01000068012

**1. Entity Name
DIRECT HOMES, INC**



**Principal Place of Business
7470 PINE VALLEY LANE
SEMINOLE, FL 33776**

**Mailing Address
7470 PINE VALLEY LANE
SEMINOLE, FL 33776**



01042007-211 No Chg-Periods CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3735862**

**Applied For
Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HYDE, DAVID K
7470 PINE VALLEY LANE
SEMINOLE, FL 33776**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when re-registering)

U00000580647

01/10/07-80057-005 150.00

**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
NAME
STREET ADDRESS
CITY-ST-ZIP**
D
HYDE, DAVID K
7470 PINE VALLEY LANE
SEMINOLE, FL 33776

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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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:

DAVID K HYDE

1/3/07 727 492-0497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #