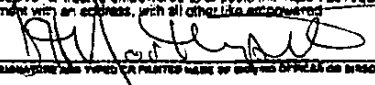


FILED**Jun 17, 2008 8:00 am**
Secretary of State

05-23-2008 90023 015 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000076404																																		
1. Entity Name NORTHROP HOMES & CONSTRUCTION, INC.																																		
Principal Place of Business 6743 ELVA ST. MILTON, FL 32570		Mailing Address 6743 ELVA ST. MILTON, FL 32570																																
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent NORTHROP, I.H. III 6743 ELVA ST. MILTON, FL 32570		66014335  04282008 No Chg-P CR2E034 (11/05) 4. FID Number: 59-3756958 Applied For: ☐ Not Applicable 5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required																																
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 agents.		DO NOT WRITE IN THIS SPACE																																
SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable NOTY: Registered Agent Signature (do not sign) (unintended) DATE																																		
FILE MONTHLY FEE IS \$180.00 After May 1, 2008 Fee will be \$560.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>NORTHROP, I.H. III</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6743 ELVA ST.</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MILTON, FL 32570</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	D	NAME	NORTHROP, I.H. III	STREET ADDRESS	6743 ELVA ST.	CITY - ST - ZIP	MILTON, FL 32570	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, 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 007, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																		
SIGNATURE: 		6/12/08																																