


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90026 008 ***150.00

DOCUMENT # P02000009998 1. Entity Name PINE RIDGE CUSTOM HOMES, INC.	
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Principal Place of Business P.O. BOX 3775 HOMOSASSA SPRINGS, FL 34447	Mailing Address P.O. BOX 3775 HOMOSASSA SPRINGS, FL 34447
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DO NOT WRITE IN THIS SPACE

40116377



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0030940	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 ANDERSON, THOMAS N 10200 W. FISHBOWL DRIVE HOMOSASSA, FL 34448 3990 N. BUCKHORN DR. BEVERLY HILLS, FL 34465
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ANDERSON, THOMAS N 10200 W. FISHBOWL DRIVE HOMOSASSA, FL 34448 3990 N. BUCKHORN DR. BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ANDERSON, GAIL R. 10200 W. FISHBOWL DRIVE HOMOSASSA, FL 34448 3990 N. BUCKHORN DR. BEVERLY HILLS, FL 34465
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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: Thomas N. Anderson THOMAS N. ANDERSON 4/25/07 352 527-474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #