

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077873

Entity Name: ANTHONY'S HOMES, INC.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

P O BOX 510240
PUNTA GORDA, FL 339510240

New Principal Place of Business:

27110 JONES LOOP ROAD
PUNTA GORDA, FL 33982 US

Current Mailing Address:

99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

FEI Number: 04-3711473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ANTHONY, DAVID L
Address: P O BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951

Title: S () Delete
Name: ACKEN, STEPHEN A
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951

Title: T () Delete
Name: COX, WILLIAM T
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ANTHONY, DAVID L
Address: P O BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951 US

Title: S (X) Change () Addition
Name: ACKEN, STEPHEN A
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951 US

Title: T (X) Change () Addition
Name: COX, WILLIAM T
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. ANTHONY

PSTD

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date