2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000091457

1. Entity Name

EMERALD HOMES OF SOUTH WEST FLORIDA, INC.



Principal Place of Business

15150 SHAMROCK DR. FORT MYERS, FL 33912 Mailing Address

15150 SHAMROCK DR. FORT MYERS, FL 33912

FILED Apr 07, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1640972

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MEISER, CRISTINE 15150 SHAMROCK DR FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

 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. If am ramiliar with, and accept the obligations of registered agent. 					
SIGNATURE Signature, typoid or printed name of registered agent and title if applicable (NOTE Registored Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaig Trust Fund Contri				\$5.00 May Be Added to Fees	000000885132 04/18/08-80001-019)50,00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEISER, TIMOTHY S 15150 SHAMROCK DR FORT MYERS, FL 33912				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEISER, CRISTINE D 15150 SHAMROCK DR FORT MYERS, FL 33912				
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					