

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90209 031 \*\*\*150.00

<b>DOCUMENT # P02000132741</b>					
<b>1. Entity Name</b> FLORAHOME BUILDERS, INC.					
<b>Principal Place of Business</b> 239 TANNER ROAD FLORAHOME, FL 32140			<b>Mailing Address</b> 239 TANNER ROAD FLORAHOME, FL 32140		
<b>2. Principal Place of Business - No P.O. Box #</b> 4908 NW 34th St Suite 5		<b>3. Mailing Address</b> P.O. Box 481 Suite, Apt. #, etc.			
<b>City &amp; State</b> Gainesville, FL 32605		<b>City &amp; State</b> Melrose, FL 32666		<b>Country</b> USA	
<b>Country</b> USA		<b>4. FEI Number</b> 27-0075022			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> STURDIVANT, DEBORAH P <del>239 TANNER ROAD</del> <del>FLORAHOME, FL 32140</del> 4908 NW 34th St. Ste 5 Gainesville FL 32605			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PS <b>NAME</b> STURDIVANT, DEBORAH P <b>STREET ADDRESS</b> <del>239 TANNER ROAD</del> Same as above <b>CITY - ST - ZIP</b> <del>FLORAHOME, FL 32140</del>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> Deborah P. Sturdivant		4/28/08		352-214-7473	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	