


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90078 025 ***150.00

DOCUMENT # P03000031789 1. Entity Name ADVANCED HOME ENTERPRISES, INC.					
Principal Place of Business 2051 GLOBAL CT SARASOTA, FL 34240			Mailing Address P.O. BOX 50606 SARASOTA, FL 34232		
2. Principal Place of Business - No P.O. Box # 7421 CASTLE DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State		4. FEI Number 13-4244344	
Zip 34240		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOY, PAMELA M 2051 GLOBAL COURT SARASOTA, FL 34240			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7421 CASTLE DR City SARASOTA FL Zip Code 34240		
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 <u>Pamela M. McCoy</u> PAMELA M. MCCOY - SECT 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MCCOY, CHARLES D STREET ADDRESS 2051 GLOBAL CT CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE P NAME MCCOY, CHARLES D. STREET ADDRESS 7421 CASTLE DR CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME MCCOY, PAMELA M STREET ADDRESS 2051 GLOBAL CT CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE ST NAME MCCOY, PAMELA M. STREET ADDRESS 7421 CASTLE DR CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Pamela M. McCoy</u> - PAMELA M. MCCOY - SECT 4/28/08 941-377-4645 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					