2006 FOR PROFIT CORPORATION **ANNUAL REPORT** 

## Mar 30, 2006 08:00 AM **DOCUMENT # P03000057068 Secretary of State** 1. Entity Name GOECKE HOMES, INC. Principal Place of Business Mailing Address 8945 VILLAGE GREEN BLVD. 8945 VILLAGE GREEN BLVD. CLERMONT, FL 34711 CLERMONT, FL 34711 02142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 90-0084438 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOECKE, LARRY L 8945 VILLAGE GREEN BLVD. DO NOT WRITE CLERMONT, FL 34711 IN THIS SPACE 6. 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GOECKE, LARRY L NAME DDDDDDD48611U STREET ADDRESS 8945 VILLAGE GREEN BLVD. 04/13/06-80025-005 150.00 CITY-ST-ZIP CLERMONT, FL 34711 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS

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 directly 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 changed, or on an attachment with an address, with all otherwise empowered.

SIGNATURE:

CITY-ST-ZIP

3-27-05 352-394- 157

FILED