


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000059469**

1. Entity Name  
**CURTIS HOMES COMPANY, INC.**



Principal Place of Business  
**4621 FORSYTH STREET**  
**BAGDAD, FL 32530 US**

Mailing Address  
**P.O. BOX 484**  
**BAGDAD, FL 32530 US**



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0942328**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLON, GLENDA J**  
**4204 TANFIED ROAD**  
**MILTON, FL 32583**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**000000594851**  
**01/23/07-80016-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLLON, GLENDA J
STREET ADDRESS	4204 TANFIELD ROAD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	VS
NAME	JOHNSON, CURTIS M
STREET ADDRESS	4621 FORSYTH STREET
CITY-ST-ZIP	BAGDAD, FL 32530
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Glenda J Hollon Date: 1-12-07 Daytime Phone #: 850-981-8187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR