


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90029 017 ***150.00

DOCUMENT # P03000067380	
1. Entity Name MEADOWOOD HOMES OF FLORIDA INC.	

Principal Place of Business 16259 US 19 N CLEARWATER, FL 33764	Mailing Address 16259 US 19 N CLEARWATER, FL 33764
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

400000010



01022007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0063960	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILBERT, R DONALD 10259 US 19 N CLEARWATER, FL 33764	7. Name and Address of New Registered Agent Name HANNAH, RICK A Street Address (P.O. Box Number is Not Acceptable) 16259 US 19 N City CLEARWATER FL Zip Code 33764
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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.

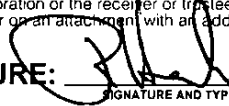
SIGNATURE:  **Rick A. Hannah** DATE: **2 Jan 07**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. KROLL, BARBARA A 16259 US 19 N CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GILBERT, R DONALD 10259 US 19 N CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOGUE, MICHAEL J 6050 BAHIA DEL MAR CIR., #117 SAINT PETERSBURG, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HANNAH, RICK A 16259 US 19 N CLEARWATER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GILBERT, R. DONALD 3565 58TH AVE N # 108 SAINT PETERSBURG, FL 33714 <input checked="" 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:  **Rick A. Hannah** DATE: **2 Jan 07** (727) 535 5262

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR