2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000084677

t. Entity Name 6-MT HOMES, INC.



FILED Apr 12, 2006 08:00 AM Secretary of State

Principal Place of Business

18 ROCKING LANE PALM COAST, FL 32164 Mailing Address

18 ROCKING LANE PALM COAST, FL 32164



04092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0481498

Applied For Not Applicable

5. Certificate of Status Desired

Z

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, MELANIE C 18 ROCKING LANE PALM COAST, FL 32164

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

Signature, typed or printed name of registered agent and their applicable.

(NOTE Registered Agent signature required when remstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000505628 04/26/06-80125-007 158.7**5**

18. OFFICERS AND DIRECTORS ITTLE NAME SIREET ADDRESS CITY-ST-ZP PALM COAST, FL 32164 SITLE VP S NAME GOODWIN, MELANIE C SIREET ADDRESS CHY-ST-ZP PALM COAST, FL 32164 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP			
NAME SIREET ADDRESS CITY-ST-ZEP PALM COAST, FL 32164 STILE VP S NAME GOODWIN, MELANIE C SIREET ADDRESS CITY-ST-ZEP PALM COAST, FL 32164 TITLE NAME STREET ADDRESS CITY-ST-ZEP	10.	OFFICERS AND DIRECT	TORS
SIREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32184 SITLE VP S SIREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	mu	PT	
CITY-ST-ZIP PALM COAST, FL 32164 SITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	GOODWIN, DAVID	
SITLE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	18 ROCKING LANE	
MAME SIREET ADDRESS CHY-ST-ZIP TITLE MAME STREET ADDRESS CHY-ST-ZIP	Ctty-St-Ztr	PALM COAST, FL 32164	•
SIREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE	VPS	
CITY-ST-ZIP PALM COAST, FL 32164 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME	GOODWIN, MELANIE C	
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	SIREET ADDRESS	18 ROCKING LANE	-
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	City -St-Zip	PALM COAST, FL 32164	
STREET ADDRESS CHY-ST-ZP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		
CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TATLE		
CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	NAME		
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS		
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	CATY-ST-ZIP		
STREET ADDRESS CNY-ST-ZIP TITLE NAME STREET ADDRESS	INLE		
CHY-ST-ZIP TITLE NAME STREET ADDRESS	NAME		
TITLE NAME STREET ADDRESS	STREET AGDRESS		
NAME STREET ADDRESS	CHTY-ST-ZIP		
STREET ADDRESS	TITLE		
1	NAME		
CNY-ST-ZIP	STREET ADDRESS		
	CITY-SI-ZIP		

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling 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 co-puration 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 chapter on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

elanie C Goodwa

4/10/06

386-5867

Daylime Phone #