

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90068 037 \*\*\*158.75

**DOCUMENT # P03000088036**

1. Entity Name

CAMERON HARROD HOME, INC.



Principal Place of Business

506 S. PINEAPPLE AVE  
SARASOTA, FL 34236 US

Mailing Address

506 S. PINEAPPLE AVE  
SARASOTA, FL 34236 US

**66011974**



03252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2107993**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TALLEY, JAMES M.  
20 N ORANGE AVE  
SUITE 1500  
ORLANDO, FL 32801

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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 here or print name of agent or director, as applicable.

(Print Name of Agent or Director, if required when certifying)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P. S.  
NAME HELPHENSTINE, LISA J  
STREET ADDRESS 4054 S. SHADE AVE  
CITY- ST- ZIP SARASOTA, FL 34231

TITLE D  
NAME HELPHENSTINE, LISA J  
STREET ADDRESS 4054 S. SHADE AVE  
CITY- ST- ZIP SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Lisa J. Helphenstine*

SIGNATURE AND TYPE OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

DATE

DATE OF FILING