

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90213 025 ***150.00

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05132008 Chg-P CR2E034 (12/06)

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| DOCUMENT # P03000100181 | |  | |
| 1. Entity Name GIGAS HOMES, INC. | | | |
| Principal Place of Business 1906 NW FORK ROAD STUART, FL 34994 | | Mailing Address 1906 NW FORK ROAD STUART, FL 34994 | |
| 2. Principal Place of Business - No P.O. Box # 1906 NW FORK ROAD | | 3. Mailing Address 1906 NW FORK ROAD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Stuart | | City & State Stuart | |
| Zip 34994 | | Zip 34994 | |
| Country | | Country | |
| 4. FEI Number 75-3151427 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TWOHEY, CHRISTOPHER J ESQ. 312 DENVER AVENUE STUART, FL 34994 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | Zip Code | |
| 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 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLEIN, CHRISTIAN L | NAME | |
| STREET ADDRESS | 1906 NW FORK ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | STUART, FL 34994 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FEDELE, MARK W | NAME | |
| STREET ADDRESS | 129 S SHORE ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | STUART, FL 34997 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHOLEMUS, BRIAN W | NAME | |
| STREET ADDRESS | 184 COCONUT POINT | STREET ADDRESS | |
| CITY-ST-ZIP | STUART, FL 34994 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORTELL, MICHAEL J | NAME | |
| STREET ADDRESS | 1115 SE OCEAN BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | STUART, FL 34994 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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: _____ | | Date _____ | |
| Signature and typed or printed name of signing officer or director | | Daytime Phone # _____ | |