


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000121612																																										
1. Entity Name MCCUMBER HOMES OF PONTE VEDRA, INC.																																										
Principal Place of Business 140 SUITE B NORTH ONE DRIVE ST. AUGUSTINE, FL 32095	Mailing Address 140 SUITE B NORTH ONE DRIVE ST. AUGUSTINE, FL 32095	 01122006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 20-0345354</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 20-0345354	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent BARTLETT & DEAL, P.A. 135 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">PD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">MCCUMBER, GARY M</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">140 SUITE B, NORTH ONE DRIVE</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">ST. AUGUSTINE, FL 32095</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">VD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">HERZOG, FREDERICK J</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">140 SUITE B, NORTH ONE DRIVE</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">ST. AUGUSTINE, FL 32095</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">TD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">MILLARD, ALEC</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">140 SUITE B, NORTH ONE DRIVE</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">ST. AUGUSTINE, FL 32095</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	PD	NAME	MCCUMBER, GARY M	STREET ADDRESS	140 SUITE B, NORTH ONE DRIVE	CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	TITLE	VD	NAME	HERZOG, FREDERICK J	STREET ADDRESS	140 SUITE B, NORTH ONE DRIVE	CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	TITLE	TD	NAME	MILLARD, ALEC	STREET ADDRESS	140 SUITE B, NORTH ONE DRIVE	CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE 000000412358 02/10/06-80044-014 150.00
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____																																								