2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000121970

1. Entity Name

UNITED HOME BUILDERS OF JACKSONVILLE, INC.



Principal Place of Business

5605 FLORIDA MINING BLVD.

SUITE 9

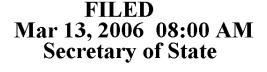
JACKSONVILLE, FL 32257

Mailing Address

5605 FLORIDA MINING BLVD.

SUTTE 9

JACKSONVILLE, FL 32257





02282006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0347377

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANDFORD, ROBERT J 5605 FLORIDA MINING BLVD. SUITE 9 JACKSONVILLE, FL 32257

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	bove named entity submits this statement for the poligations of registered agent.	surpose of changing its registered office or registered agent, or	ooth, in the State of Florida. I am familiar with, and accept
SIGNATU	IRE Signature, typed or printed name of registered agent and title	if applicable. ONOTE: Registered Agent signature required when reinstating)	DATE
	FILE NOWIII FEE IS \$150.00 r May 1, 2006 Fee will be \$550.00	Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIRE	CTORS	
TITLE	DPT		
24 5 5 1 5	DIANDEADD BABEDY I)	

BLANDFORD, ROBERT J 968 BUTTERCUP OR STOCEC ACCIONESS CITY-ST-ZIP JACKSONVILLE, FL 32259 TITLE WALTON, JOHN D NAME STREET ADDRESS 8955 DEER BERRY CT JACKSONVILLE, FL 32256 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP BRE NAME STREET ADDRESS CITY-ST-ZIP RILE

03/21/06-800**95-002 150.00**

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12. I hereby certify that the information supplied with this filing does not quality 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 calls; 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 bit other like empowered.

SIGNATURE: 🗸

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blulow

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