


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000130671		
1. Entity Name APPLE HOME BUILDERS, INC.		
Principal Place of Business 5143 COMMERCIAL WAY SPRING HILL, FL 34606	Mailing Address 5143 COMMERCIAL WAY SPRING HILL, FL 34606	



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0404016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KIERZYNSKI, MICHAEL J
5143 COMMERCIAL WAY
SPRING HILL, FL 34606**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

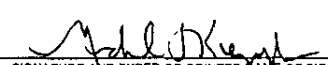
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000875326 04/11/08-80023-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE DVPT	NAME KIERZYNSKI, MICHAEL J
STREET ADDRESS 5143 COMMERCIAL WAY	CITY-ST-ZIP SPRING HILL, FL 34606
TITLE V	NAME BECK, JERRY E
STREET ADDRESS 5143 COMMERCIAL WAY	CITY-ST-ZIP SPRING HILL, FL 34606
TITLE PS	NAME LIZIO, JOSEPH J
STREET ADDRESS 5143 COMMERCIAL WAY	CITY-ST-ZIP SPRING HILL, FL 34606
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:  **VP** 3-27-08 **352 597-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #