

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141794

Entity Name: LSS HOMES, INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

5418 NORTHWEST 92ND WAY  
GAINESVILLE, FL 32653

## New Principal Place of Business:

11032 NW 60TH TER  
ALACHUA, FL 32615

## Current Mailing Address:

5418 NORTHWEST 92ND WAY  
GAINESVILLE, FL 32653 US

## New Mailing Address:

11032 NW 60TH TER  
ALACHUA, FL 32615

FEI Number: 20-0431626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAGE, PATRICIA F PRES  
5418 NW 92ND WAY  
GAINESVILLE, FL 32653 US

## Name and Address of New Registered Agent:

PAGE, PATRICIA F PRES  
11032 NW 60TH TER  
ALACHUA, FL 32615 US

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: PAGE, PATRICIA F  
Address: 5418 NORTHWEST 92ND WAY  
City-St-Zip: GAINESVILLE, FL 32653

Title: VTD ( ) Delete  
Name: PAGE, ROBERT L  
Address: 5418 NORTHWEST 92ND WAY  
City-St-Zip: GAINESVILLE, FL 32653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: PAGE, PATRICIA F  
Address: 11032 NW 60TH TER  
City-St-Zip: ALACHUA, FL 32615

Title: VTD (X) Change ( ) Addition  
Name: PAGE, ROBERT L  
Address: 11032 NW 60TH TER  
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA F PAGE

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date