

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 27, 2007  
Secretary of State**

DOCUMENT# P03000142808

Entity Name: CADY HOMES & REMODELING, INC

**Current Principal Place of Business:**

701 SW STONERIDGE DRIVE  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 123  
LAKE CITY, FL 32056

**New Mailing Address:**

FEI Number: 84-1629162      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CADY, KATHIE  
ROSE CREEK PLANTATION  
SW STONERIDGE DR  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CADY, CURT D  
Address: ROSE CREEK PLANTATION, SW STONERIDGE DR  
City-St-Zip: LAKE CITY, FL 32025

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: CADY, BENJAMIN D  
Address: 1030 SW ROSSBOROUGH CT APT 102  
City-St-Zip: LAKE CITY, FL 32025

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: CURT D CADY

P

11/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date