## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 19, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	WENT # P0400001 R HOMES OF THE FLOR				2007 90088 008 ***150	
Suite. Act. f. etc.    Suite. Apt. etc.   Suite. Apt. etc.   Suite. Apt. etc.   Suite. Apt. etc.   Suite. Apt. etc.   Suite.   A. FEI Number   S.2-2439414   Mod Applicable   S.2-2439414   S.2-2439414   Mod Applicable   S.2-2439414   Mod Applicable   S.2-2439414   S.2-2			Mailing Address  #≤ 611 101ST ST. OCEAN  MARATHON, FL 33050	5800 OV2	reson Hyer #	opp # 3000	
Coy & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
State Address of Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   State Decemb	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252007 Chg-P	CR2E034 (12/06)	
S. Country   Sign   Country   Sign   Country   S. Count	City & State		City & State			<del></del>	<del></del>
DANIELS, WILLIAM M RSH-HOLSE FT - GREAN S 800 OVERLOS HUN \$44  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of charging its registered algent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida. I am furnisin with, and accept me obligations of registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  D D D D D D D D D D D D D D D D D D D	Zip	Country	Zip	Country		sired \$8.75 Add	ditional
DANIELS, WILLIAM M 644-1945F67 - 96EAN  5 800 OVERLOS HUM \$44  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entry submits this statement for the purpage of changing its registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plonda. I am familiar with, and accept the state of Plonda. I am familiar with, and accept the State of Plonda. I am familiar with, and accept the state of		6. Name and Address of Currer	nt Registered Agent	<del>'</del>	7. Name and Address of	New Registered Agent	
THE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  DANIELS, WILLIAM M  11-1013T-ST-OGEAN 4/D Treasure Rd  OFFICERS AND DIRECTORS  CITY-ST-ZP  INTE  NAME  SIRET ADDRESS  CITY-ST-ZP  INTE  CITY-ST-ZP  INTE  NAME  SIRET ADDRESS  CITY-ST-ZP  INTE  NAME  SIRET ADDRESS  CITY-ST-ZP  INTE  CITY-ST-ZP  INTE  CITY-ST-ZP  INTE  CITY-ST-ZP  IN	611-101ST	<del>:st.ocean</del> 5800 (	oversias Hyw:		ess (P.O. Box Number is Not Acce		le
Delete   TITLE   DANIELS, WILLIAM M   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   DELete   DELete   DELete   TITLE   DELete   DELete   TITLE   DELete   DELete   TITLE   DELete   D	the obligat	Signature, typed or printed name of registered ago.  E NOWILL FEE IS \$150.00	nt and title if applicable. (NOT	E: Registered Agent signature rec	quired when reinsulting) \$5.00 May Be	- 4	
NAME SIREET ADDRESS OTTY-ST-ZIP  TITLE NAME NAME NAME SIREET ADDRESS OTTY-ST-ZIP  TITLE NAME NAME NAME NAME SIREET ADDRESS OTTY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	S IN 11
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 and 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 to 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 to 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 to require the properties of the corporation 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 chapter 119, Florida Statutes and the properties are corporated and the properties and the properties are corporated and the properties are corporated and the properties are co	NAME STREET ADDRESS		☐ Deletc	NAME STREET ADDRESS		☐ Change	Accdition
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