
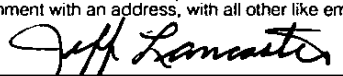


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90336 007 ***158.75

DOCUMENT # P04000029744 1. Entity Name H & L HOMES INC			
Principal Place of Business 17300 HIGHWAY 41 NORTH LUTZ, FL 33548 US		Mailing Address 18507 LAKESHORE DRIVE LUTZ, FL 33548 US	
2. Principal Place of Business 17300 U.S. Highway 41 N Suite, Apt. #, etc.		3. Mailing Address 13330 Moran DR. Suite, Apt. #, etc.	
City & State Lutz FL		City & State Tampa FL	
Zip 33549		Zip 33618	
Country USA		Country USA	
6. Name and Address of Current Registered Agent HARMISON, SCOTT M 18507 LAKESHORE DRIVE LUTZ, FL 33549		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13330 Moran DR. City TAMPA	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HARMISON, SCOTT M STREET ADDRESS P O BOX 952 CITY-ST-ZIP BRANDON, FL 33509	<input type="checkbox"/> Delete	TITLE P NAME HARMISON, SCOTT M STREET ADDRESS 13330 Moran DR CITY-ST-ZIP TAMPA FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME LANCASTER, JEFFREY STREET ADDRESS 4906 BILLY DIRECT LANE CITY-ST-ZIP LUTZ, FL 33509	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  V.P.		Date: 4-20-06 Daytime Phone #: 813-928-2361	