

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90336 007 \*\*\*158.75

<b>DOCUMENT # P04000029744</b> 1. Entity Name <b>H &amp; L HOMES INC</b>	
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Principal Place of Business <b>17300 HIGHWAY 41 NORTH LUTZ, FL 33548 US</b>	Mailing Address <b>18507 LAKESHORE DRIVE LUTZ, FL 33548 US</b>
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2. Principal Place of Business <b>17300 U.S. Highway 41 N</b> Suite, Apt. #, etc.	3. Mailing Address <b>13330 Moran DR.</b> Suite, Apt. #, etc.
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01122006 Chg-P CR2E034 (11/05)

City & State <b>Lutz FL</b>	City & State <b>Tampa FL</b>	4. FEI Number <b>20-0725687</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33549</b>	Country <b>USA</b>	Zip <b>33618</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HARMISON, SCOTT M 18507 LAKESHORE DRIVE LUTZ, FL 33549</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>13330 Moran DR.</b> City <b>TAMPA</b>
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FL	Zip Code <b>33618</b>
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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>HARMISON, SCOTT M</b> <b>P O BOX 952</b> <b>BRANDON, FL 33509</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete <b>LANCASTER, JEFFREY</b> <b>4906 BILLY DIRECT LANE</b> <b>LUTZ, FL 33509</b>
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HARMISON, SCOTT M</b> <b>13330 Moran DR</b> <b>TAMPA FL 33618</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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: Jeff Lancaster V.P.      4-20-06      813-928-2361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #