## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 02, 2007 08:00 AM **DOCUMENT # P04000035300 Secretary of State** 1. Entity Name F & M HOMES, INC. Mailing Address Principal Place of Business 11405 - 4TH STREET EAST 11405 - 4TH STREET EAST TREASURE ISLAND, FL 33706 TREASURE ISLAND, FL 33706 No Chg-P CR2E034 (11/05) 03212007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 33-1085875 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROBERTS, CARL G J DO NOT WRITE ROBERTS, ROBERTS & ROBERTS, P.A. 6570 - 30TH AVENUE NORTH IN THIS SPACE ST, PETERSBURG, FL 33710 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 reinstalling) Signature, typed or ponted name of registered agent and tiffs if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MONTGOMERY, CHARLES B NAME 2816 - 12TH STREET NORTH STREET ADDRESS ST, PETERSBURG, FL 33704 CITY-ST-ZIP U00000684690 04/06/07-80042-023 150.00 TITLE FELDMAN, ROBERT T NAME STREET ADDRESS 11405 - 4TH STREET EAST TREASURE ISLAND, FL 33706 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 ther like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

727 368*-0*603

**FILED** 

Daytime Phone #