2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

TOUF

NAME

STREET ADDRESS

CHY-SI-ZP

FILED Feb 27, 2008 08:00 AN Secretary of State DOCUMENT # P04000037716 1. Entity Name DOWN HOME INVESTMENT, INC. Principal Place of Business Mading Address 2311 SE 38TH CT 2311 SE 38TH CT OCALA FL 34471 **OCALA FL 34471** 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Saite, Apt. #, etc. Salte: Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0901304 Not Applicable Zip Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCER, LAMAR Street Address (P.O. Box Number is Not Acceptable) 2311 SE 38TH CT OCALA FL 34471 City Zip Code 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 Signature, typed or primed name of registered agent and the Templicable. fNOTE. Registered Agent a genture required vence reinstating? DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deicte TITLE ☐ Change ☐ Addition NAME SPENCER, LAMAR NAME U00000841476 2311 SE 38TH CT STREET ADDRESS STREET ADDRESS 03/10/08-80020-002 150.00 CITY ST-7IP OCALA FL 34471 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIZ CITY - ST- ZIP Derete ITTLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-SI-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I furtner 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 cells; 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.

STREET ADDRESS

CITY+ST-ZIP

TITLE

NAME

Change

Addition

De ete

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LAWR SERVER 2-26-08