

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90078 001 \*\*\*150.00

<b>DOCUMENT # P04000085886</b> 1. Entity Name <b>SELECT HOMES DESIGN &amp; CONSTRUCTION, INC.</b>					
Principal Place of Business <b>240 SOUTH HIGHLAND STREET MOUNT DORA, FL 32757</b>			Mailing Address <b>240 SOUTH HIGHLAND STREET MOUNT DORA, FL 32757</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>20-1189398</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>Adams</b> <b>JENSEN, VIRGINIA</b> <b>30801 RIDGEVIEW AVE.</b> <b>MT. PLYMOUTH, FL 32776</b>					
7. Name and Address of New Registered Agent Name <b>Adams, Virginia</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE <b>3-5-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Adams</b> <b>JENSEN, VIRGINIA</b> <b>30801 RIDGEVIEW AVE.</b> <b>MT. PLYMOUTH, FL 32776</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Adams, Virginia</b> <b>30801 Ridgerview Ave</b> <b>MT Plymouth, FL 32776</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>JOCELYN PETER ADAMS, RICHARD SIMON</b> <b>30801 RIDGEVIEW AVE.</b> <b>MT. PLYMOUTH, FL 32776</b>		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	
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 reports 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-5-07</b> Daytime Phone # <b>352-516-4537</b>		

40054300



03052007 Chg-P CR2E034 (12/06)

*NAME changed to married*