

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088214

**FILED**  
**May 03, 2007**  
**Secretary of State**

**Entity Name:** UNIQUE HOMES OF FLORIDA, INC.

**Current Principal Place of Business:**

P.O. BOX 2140  
PACE, FL

**New Principal Place of Business:**

5700 TAMARACK  
PACE, FL 32571

**Current Mailing Address:**

PO BOX 2140  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 20-1198668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINDSAY, LISA R  
P.O. BOX 2140  
PACE, FL US

**Name and Address of New Registered Agent:**

LINDSAY, LISA R  
5700 TAMARACK  
PACE, FL 32571 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

05/03/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LINDSAY, LISA R  
Address: P.O. BOX 2140  
City-St-Zip: PACE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA R. LINDSAY

Electronic Signature of Signing Officer or Director

D

05/03/2007

Date