

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90041 047 ***150.00

DOCUMENT # P04000099028

1. Entity Name
DISTINCTIVE DWELLINGS, INC.



Principal Place of Business
**8900 N ARMENIA AVE
SUITE 216
TAMPA, FL 33604**

Mailing Address
**8900 N ARMENIA AVE
SUITE 216
TAMPA, FL 33604**

00000110



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0090254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERMETTE, JEROME GERARD, II
~~3900 W SAN NICHOLAS ST~~ **3114 W Bay Villa Ave.**
~~TAMPA, FL 33629~~

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VERMETTE, JEROME GERARD, II 3900 W SAN NICHOLAS ST 3114 W Bay Villa Ave., Tampa, FL 33611 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VERMETTE, HEATHER 3900 W SAN NICHOLAS ST 3114 W. Bay Villa Ave., Tampa, FL 33611 TAMPA, FL 33629
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

813-477-9551

Daytime Phone #