


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000108838		
1. Entity Name HANMAR QUALITY HOMES, INC.		

FILED
06 SEP 21 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 311 OAK AVENUE SANTA ROSA BEACH, FL 32459	Mailing Address 311 OAK AVENUE SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business		3. Mailing Address HANMAR QUALITY HOMES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 147 13th STREET	
City & State		City & State SANTA ROSA BEACH, FLORIDA	
Zip	Country	Zip	Country
32459		32459	WALTON

09182006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent WEEKS, HANK 311 OAK AVENUE SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent	
		Name LAMAR LINDSEY	
		Street Address (P.O. Box Number is Not Acceptable) 147 13th STREET	
		City SANTA ROSA BEACH	
		State FL	
		Zip Code 32459	

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: **19 Sept 06**

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINDSEY, LAMAR 25009 NORTH CREEK ROAD OPP, AL 36457 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600080264886 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/28/06--01041--020 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEKS, HANK P.O. BOX 4626 SANTA ROSA BEACH, FL 32459 <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
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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 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:  **LAMAR LINDSEY** DATE: **19 Sept 06** DAYTIME PHONE: **334-818-0545**

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