2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159012

Entity Name: MARION COUNTY HOMES, INC.

33 GREENBRIAR LANE

ANNANDALE, NJ 08801 US

Address:

City-St-Zip:

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
6030 SW OCALA, F	138TH TERRACE L 34481 US	6855 W HWY 40 UNIT A OCALA, FL 34482 US		
Current N	lailing Address:	New Mailing Address:		
6030 SW OCALA, F	138TH TERRACE L 34481 US	6855 W HWY 40 UNIT A OCALA, FL 34482 US		
FEI Number	: 20-1911222 FEI Number Applied For	r() FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of Current Registered Ag	ent: Name and Address of New Registered Agent:		
OCALA, F	138TH TERRACE L 34481 US			
	e named entity submits this statement t e of Florida.	or the purpose of changing its registered office or registered agent, or	both,	
SIGNATU	RE:			
	Electronic Signature of Registe	red Agent Date		
Election Ca	mpaign Financing Trust Fund Contribution	().		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE	СТО	
Title: Name: Address:	P () Delete WILKINS, JENNIE 6030 SW 138TH TERRACE	Title: () Change () Addition Name: Address:		
City-St-∠ip:	OCALA, FL 34481 US	City-St-Zip:		
Title: Name: Address:	OCALA, FL 34481 US VP () Delete WILKINS, JOSEPH 6030 SW 138TH TERRACE OCALA, FL 34481 US	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VP () Delete WILKINS, JOSEPH 6030 SW 138TH TERRACE	Title: () Change () Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: JENNIE J WILKINS PRES 04/04/2006