

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165501

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** PERIOD HOMES AND COTTAGES, INC.

**Current Principal Place of Business:**

623 LEFFINGWELL AVE.  
ELLENTON, FL 34222

**New Principal Place of Business:**

**Current Mailing Address:**

623 LEFFINGWELL AVE.  
ELLENTON, FL 34222

**New Mailing Address:**

**FEI Number:** 20-2009291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSIERE, JERRY  
3050 BURT CREEK RD.  
DAWSONVILLE, GA, FL 30534 US

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

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WOMACK, GEORGE H  
Address: 623 LEFFINGWELL AVE.  
City-St-Zip: ELLENTON, FL 34222

Title: DV ( ) Delete  
Name: WOMACK, IAN M  
Address: 620 MANATEE AVE  
City-St-Zip: ELLENTON, FL 34222

Title: S ( ) Delete  
Name: WOMACK, RUTH  
Address: 623 LEFFINGWELL AVE.  
City-St-Zip: ELLENTON, FL 34222

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

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

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

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:** GEORGE H. WOMACK

DP

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date