2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000173213

1. Entity Name

NE FLORIDA HOMES, INC.



FILED
May 01, 2008 08:00 Al
Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

148 WESLEY ROAD

GREEN COVE SPRINGS, FL 32043

148 WESLEY ROAD GREEN COVE SPRINGS, FL 32043



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2073880

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHEN E. TILLEY, PA CPAS 4465 BAYMEADOWS RD. STE. 3

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32217			IN THIS SPACE			
	named entity submits this statement for the pi lions of registered agent.	urpose of changing its registered	office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	ot
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered A	gent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS GITY-ST-ZIP	OFFICERS AND DIRECT P WEISENBURGER, JAMES D 148 WESLEY ROAD GREEN COVE SPRINGS, FL 32043	TORS			U00000939476 05/28/08-80029-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISENBURGER, CAROLYN A 148 WESLEY ROAD GREEN COVE SPRINGS, FL 32043					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	٠,
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
IIILE NAME STREET ADDRESS CITY-ST-ZIP	,					
TITLE NAME STREET ADDRESS					·	

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

4/30/2008 (904)553-0079