## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004525

**Entity Name:** SOUTHERN COMMUNITY HOMES, INC.

FILED Jan 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3624 DEL PRADO BLVD. S 3624 DEL PRADO BLVD. S CAPE CORAL, FL 33904 SUITE D CAPE CORAL, FL 33904

**New Mailing Address: Current Mailing Address:** 

3624 DEL PRADO BLVD. S 3624 DEL PRADO BLVD. S SUITE D CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

FEI Number: 20-2112692 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LOAR, LACY K EBERLY, SHAWN 600 OAK AVENUE 3624 DEĹ PRADO BLVD S SANFORD, FL 32771 US CAPE CORAL, FL 33904 US

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: SHAWN M EBERLY 01/11/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: (X) Change ( ) Addition

Name: EBERLY, DAVID Name: EBERLY, DAVID 3624 DEL PRADO BLVD S, SUITE D 3624 DEL PRADO BLVD S Address: Address:

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

Title: **VPTD** Title: **VPTD** (X) Change ( ) Addition () Delete Name: Name:

EBERLY, SHAWN EBERLY, SHAWN 3624 DEL PRADO BLVD S, SUITE D 3624 DEL PRADO BLVD S Address: Address:

CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 City-St-Zip: City-St-Zip:

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.

VΡ SIGNATURE: SHAWN M EBERLY 01/11/2007