
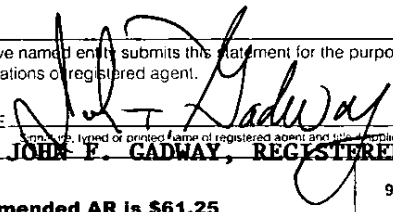
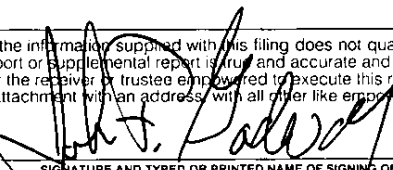


10f2

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000032582			
1. Entity Name SECOND HOME DEVELOPMENT INC			
Principal Place of Business 27707 SOUTH DIXIE HIGHWAY HOMESTEAD, FL 33032 US		Mailing Address 27707 SOUTH DIXIE HIGHWAY HOMESTEAD, FL 33032 US	
2. Principal Place of Business - No P.O. Box # same as above		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RODRIGUEZ, SEGUNDO J 27707 SOUTH DIXIE HIGHWAY HOMESTEAD, FL 33032		7. Name and Address of New Registered Agent Name JOHN F. GADWAY Street Address (P.O. Box Number is Not Acceptable) 27707 South Dixie Hwy. City Homestead FL 33032	
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  JOHN F. GADWAY, REGISTERED AGENT DATE 8/16/07 (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RODRIGUEZ, SEGUNDO 27707 SOUTH DIXIE HIGHWAY HOMESTEAD, FL 33032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN F. GADWAY 27707 South Dixie Highway Homestead, FL. 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GADWAY, JOHN F 27707 SOUTH DIXIE HIGHWAY HOMESTEAD, FL 33032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tantiri M.H. Gadway 27707 South Dixie Hwy. Homestead, FL. 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOAN G. SHOOK 27707 So. Dixie Hwy., Homestead, FL. 33032
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 700108234937
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
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: 		8/16/07 786-234-7335	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN F. GADWAY, PRESIDENT, TREASURER & REGISTERED AGENT			

FILED

07 AUG 17 AM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08162007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2808844

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



CORPORATION SERVICE COMPANY

2081

RECEIVED

07 AUG 17 AM 10:55

ACCOUNT NO. : 072100000032

REFERENCE : 059747

AUTHORIZATION

COST LIMIT : \$61.25

DIVISION OF CORPORATIONS
81269A

[Signature]

ORDER DATE : August 17, 2007

ORDER TIME : 9:58 AM

ORDER NO. : 059747-005

CUSTOMER NO: 81269A

ANNUAL REPORT FILING

NAME: SECOND HOME DEVELOPMENT INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper-EXT#2948

EXAMINER'S INITIALS: _____