

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State****DOCUMENT # P05000038354**

1. Entity Name

NEW VISION DREAM HOMES, INC.



Principal Place of Business

2815 NW 10 STREET  
OCALA, FL 34475

Mailing Address

2815 NW 10TH STREET  
OCALA, FL 34475

03222007

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-2487244

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent

PUCKETT, WILLIAM H SR.  
2815 NW 10TH STREET  
OCALA, FL 34475**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and t.e.c. if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PR  
WILLIAM, PUCKETT H JR  
3818 NW 17 STREET  
OCALA, FL 34475TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S-T  
WILLIAM, PUCKETT H SR.  
4455 NW 78 AVENUE  
OCALA, FL 34482TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP000000748745  
05/17/07-80080-017 150.00**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

4-26-07

352-351-1691