## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000043325

1. Entity Name
ONSHORE HOMES INCORPORATED



**FILED** Jan 24, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4335 HASSE Crestview,							
D	O NOT WRITE	CE	01152007  4. FEI Numb 56-250  5. Certificate	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							
SPIEGEL 6 1840 SW 2 4TH FLOO MIAMI, FL	)R	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 title if applicable. (NOTE Registered J				Agent signature required when reinstating) DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	scing \$5	5.00 May Be ded to Fees				
10.	OFFICERS AND D	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BARLOW, WAYNE 4335 HASSELL RD CRESTVIEW, FL 32536					and the control of th	
NAME STREET ADDRESS CITY-ST-ZIP	BARLOW, DEBBIE 4335 HASSELL RD CRESTVIEW, FL 32536				0000006 01/26/07-8	01972 0071-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			,				
name Street address City-St-ZIP							
12. Thereby of indicated	pertify that the information supplied with the	is filing does not qualify for the exe	emptions containe	d in Chapter 116	9, Florida Statutes. 1 1	urther certify that the information	

indicated of this report of supplies his tree and acceptate and that my signature stair nave the same legal effect as it made indicates an office of the corporation of the corporation of 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

850-259-2747