2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State
08-23-2006 90001 015 ***550.00

DOCUMENT # P05000045331

1. Entity Name
FLORIDA HOME CONSULTANTS, INC.

500260056

Principal Place of Business	Mailing Address
3262 ECHO RIDGE PL COCOA, FL 32926	3262 ECHO RIDGE PL COCOA, FL 32926

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08112006 Chg-P CR2E034 (11/05)

4. FEI Number: 202539231 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637-2087

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Angie Hummel 08/21/06
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D SOPHER, CHRISTOPHER 3262 ECHO RIDGE PL COCOA, FL 32926	☑ Delete	D Angie Hummel 3262 Echo Ridge Place Cocoa, FL 32926	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Angie Hummel 08/07/06 321.302.2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #