

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052424

FILED
Apr 26, 2006
Secretary of State

Entity Name: HORG SIGNATURE HOMES, INC.

Current Principal Place of Business:

4367 S HWY 27
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

4367 S HWY 27
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 54-2170284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, BERYL N III
1035 W DIXIE AVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HIGO, RICHARD M
Address: 15862 PINE LILY CT
City-St-Zip: CLERMONT, FL 34714

Title: V () Delete
Name: WINFREE, NORMAN B
Address: 319 BARON RD
City-St-Zip: ORLANDO, FL 32828

Title: S () Delete
Name: HORVATH, CAROLEE O
Address: 15866 PINE LILY CT
City-St-Zip: CLERMONT, FL 34714

Title: T (X) Delete
Name: WINFREE, SHERMAN B
Address: 16131 SUNFLOWER TRAIL
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: HORVATH, CAROLEE O
Address: 10530 ARROWTREE BLVD
City-St-Zip: CLERMONT, FL 34715

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: CAROLEE O HORVATH

MRS

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date