2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# P05000119406

Entity Name: DREAM HOMES OF NORTHWEST FLORIDA, INC

Current Principal Place of Business:

211 ARIOLA DR.
PENSACOLA, FL 32561

New Principal Place of Business:

Current Mailing Address:

211 ARIOLA DR.
PENSACOLA, FL 32561

New Mailing Address:

FEI Number: 54-2184065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOREL, ROBERT T
211 ARIOLA DRIVE
PENSACOLA, FL 32561 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: FURROW, KEITH
Address: 211 ARIOLA DR.
City-St-Zip: PENSACOLA, FL 32561

Title: D ( ) Delete
Name: FURROW, JOSH
Address: 120 NORWICH DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: S ( ) Delete
Name: LEONARKIS-FURROW, GEORGIENE
Address: 120 NORWICH DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: T ( ) Delete
Name: SOREL, ROBERT T
Address: 4740 SAUFLEY FIELD RD.
City-St-Zip: PENSACOLA, FL 32526

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FURROW, JOSH
Address: 1342 ASHFORD DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Change ( ) Addition
Name: LEONARKIS-FURROW, GEORGIENE
Address: 1342 ASHFORD DR.
City-St-Zip: GULF BREEZE, FL 32563

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

Title: VP ( ) Change (X) Addition
Name: SEXSON, WALLACE C
Address: 211 ARIOLA DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D ( ) Change (X) Addition
Name: FURROW, LESLIE A
Address: 115 BEAR DR.
City-St-Zip: GULF BREEZE, FL 32561

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: ROBERT T. SOREL T 04/06/2007

Electronic Signature of Signing Officer or Director Date