


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90096 006 \*\*\*150.00

<b>DOCUMENT # P05000127958</b>	
1. Entity Name LITRELL HOMES, INC.	

Principal Place of Business 2524 STRATFORD DRIVE SARASOTA, FL 34232 US <b>4005 Radnor Pl. ←</b>	Mailing Address 2524 STRATFORD DRIVE SARASOTA, FL 34232 US
--	--

00001030



2. Principal Place of Business <b>4005 Radnor Pl</b>	3. Mailing Address <b>4005 Radnor Pl</b>
Suite, Apt. #, etc. <b>SARASOTA FL</b>	Suite, Apt. #, etc. <b>SARASOTA FL</b>
City & State <b>SARASOTA FL</b>	City & State <b>SARASOTA FL</b>
Zip <b>34232</b> Country <b>US</b>	Zip <b>34232</b> Country <b>US</b>

04132006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3492976** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  LITRELL, THOMAS 2524 STRATFORD DRIVE SARASOTA, FL 34232
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4005 Radnor Pl</b> City <b>SARASOTA FL</b> Zip Code <b>34232</b>
---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	P. D LITRELL, THOMAS 2524 STRATFORD DRIVE SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4005 Radnor Pl</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:  **4-13-06**