2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147903

Address:

City-St-Zip:

25352 WESLEY CHAPEL BLVD

WESLEY CHAPEL, FL 33559

FILED May 01, 2009 Secretary of State

Entity Nan	ne: SIEBEL F	FALLS HOMES, INC.			
Current Principal Place of Business:			New Principal Place o	of Business:	
25352 WES LUTZ, FL 3	SLEY CHAPE 33559	-			
Current Mailing Address:			New Mailing Address	:	
25352 WES LUTZ, FL 3	SLEY CHAPE 33559	-			
FEI Number:	42-1697923	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LANIGAN, DAVID C J.D.LLM 10927 N 56TH STREET TAMPA, FL 336173000 US			10937 N 56TH STREET	LANIGAN, DAVID C J.D.LLM 10937 N 56TH STREET TAMPA, FL 336173000 US	
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: DAVID LANIGAN				05/01/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Carr	npaign Financin	3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	·		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP/D (SIEBEL, ROGE 1033 WINDSO LUTZ, FL 3355	R WAY	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/D (CHAJKOWSKI, 13938 CHERR TAMPA, FL 33	Y CREEK DR.	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ()	Delete	Title: (Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: LARRY FALLS D 05/01/2009