2007 FOR PROF ANNUAL F	TIT CORPORA		FILED Feb 12, 2007 8:00 am	
DOCUMENT # P05000151	684		Secretary of State 02-12-2007 90101 019 ***150.00	
HOMES BY TANNER, INC.			02-12-2007 90101 019 ****150.00	
Principal Place of Business 17421 ISBELL LANE ODESSA FL 33556	Mailing Address 17421 ISBELL LANE ODESSA FL 33556	<b>I</b>		
2. Principal Place of Business - No P.O. Box # <u>3310</u> State Rd 54 Suite, Apt. #, etc.	3. Mailing Address 33110 State Suite, Apt. #, etc.	Rd 54	1st MOORE CR2E034 (10/06)	
City & State Lutz, Flq	City & State	ElG	4. FEI Number 20-3786081 Applied For Not Applicable	
Zip 33549 Couptry 19500	<sup>Zip</sup> 33549	Country 1950 C	5. Certificate of Status Desired Status Desired Status Desired Fee Required	
6. Name and Address of Curren	nt Registered Agent	Name	7. Name and Address of New Registered Agent	
TANNER, CAROL 17421 ISBELL LANE ODESSA FL 33556		Street A	Street Address (P.O. Box Number is Not Acceptable)	
		City		
8. The above named entity submits this statement	for the purpose of changing its re	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.    SIGNATURE Carce Tames Alsi Tames Tames Tames Tames Tam				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.0 Make Check Payable to Florida Department			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AN		<b>11.</b>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME TANNER, CAROL STREET ADDRESS 17421 TSBELL LANE CITY-ST-ZIP ODESSA FL 33556		NAME STREET ADDRESS CHY-ST-ZIP	TANNER, CAREL 23110 State Rd 54 " III Lutz, F19 33549	
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS	Change Addition	
CITY - SI - ZIP		CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delele	TITLE NAME STREET ADD <b>RE</b> SS CITY - ST - ZIP	Change CAddilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - S1- ZIP	Change 🗌 Addition	
IITLE NAME STRFET ADDRESS CITY- ST- ZIP	Delete	HTTE NAME STRLET ADDRESS CITY - ST - ZIP	Change 🗍 Addition	
TI/TLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	ITTLE NAML STREET ADDRESS CITY - S1 - ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: CONOL TOMME DIES. CAROL TANNER Pres. 2/2/07 495-9692				