

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009597

Entity Name: JUST HOMES INVESTMENT , INC

FILED  
Jan 24, 2008  
Secretary of State

**Current Principal Place of Business:**

624 WEST ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

38417 COUNTY RD 439  
EUSTIS, FL 32736

**New Mailing Address:**

FEI Number: 20-4164696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVELO, MOISES JR  
38417 COUNTY RD # 439  
EUSTIS, FL 32736 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: V ( ) Delete  
Name: GETTY, CHRIS  
Address: 15930 US HWY 441, STE. B  
City-St-Zip: EUSTIS, FL 32726

Title: PSTD ( ) Delete  
Name: ALVELO, ELIEL  
Address: 38417 COUNTY ROAD 439  
City-St-Zip: EUSTIS, FL 32736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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.

SIGNATURE: MOISES ALVELO

RA

01/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date