

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90014 038 ***150.00

DOCUMENT # P06000032552

1. Entity Name

DAVID HOMES & CONSTRUCTION, INC.



Principal Place of Business

6225 DONNINGTON COURT
SARASOTA FL 34238
US

Mailing Address

15 PARADISE PLAZA
#232
SARASOTA FL 34239
US



2. Principal Place of Business - No P.O. Box #

1479 Shoak Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

OSPREY FL

City & State

Zip

34229

Country

US

Zip

Country

4. FEI Number

42-1696507

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

HAWTHORNE, WILLIAM D
5083 WINDWARD AVE.
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Hawthorne, William D.

Street Address (P.O. Box Number is Not Acceptable)

1479 Shoak Way

City

OSPREY

FL

Zip Code

34229

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

William D Hawthorne

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PRES | <input type="checkbox"/> Delete |
| NAME | HAWTHORNE, WILLIAM D | |
| STREET ADDRESS | 6225 DONNINGTON COURT | |
| CITY-ST-ZIP | SARASOTA FL 34238 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hawthorne, William D | |
| STREET ADDRESS | 1479 Shoak Way | |
| CITY-ST-ZIP | OSPREY, FL 34229 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

William D Hawthorne

William D. Hawthorne

2-2-08

941-232-1656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #