2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

DOCUMENT# P09000045302

Entity Name: HOMESFLORIDA OF JACKSONVILLE, INC.

Current Principal Place of Business:

1271 FRUIT COVE DR NORTH
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1271 FRUIT COVE DR NORTH
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAXON, JAMES H
1271 FRUIT COVE DR NORTH
JACKSONVILLE, FL 32259 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: PD
Name: JAXON, JAMES H
Address: 1271 FRUIT COVE DR NORTH
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD
Name: JAXON, JAMIE J
Address: 3263 VICTORIA PARK RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: JAXON, KELLY
Address: 695 FRUIT COVE RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD
Name: CHEEK, FRED R
Address: 2927 BISHOP ESTATES RD
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: JAMES H JAXON PD 04/16/2010

Electronic Signature of Signing Officer or Director — Date