


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90006 015 ***150.00

DOCUMENT # P33942	
1. Entity Name JOHN WIELAND HOMES OF JACKSONVILLE, INC.	

Principal Place of Business 3901 MONUMENT ROAD JACKSONVILLE, FL 32225	Mailing Address 1950 SULLIVAN ROAD ATTN: RICHARD A. BACON ATLANTA, GA 30337 US
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40030464



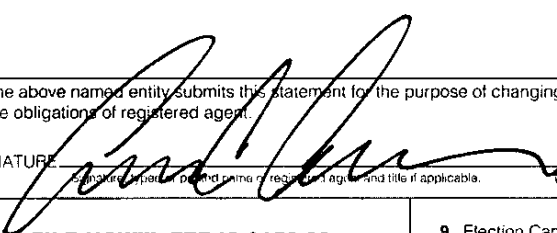
2. Principal Place of Business - No P.O. Box # 6656 COLUMBIA PARK DR	3. Mailing Address Suite, Apt. #, etc. SUITE #5
City & State JACKSONVILLE, FL	City & State
Zip 32258	Country USA

02212007 Chg-P CR2E034 (12/06)

4. FEI Number 58-1942818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, ADAM 114679 SILVER GLEN RD EAST JACKSONVILLE, FL 32258	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6656 COLUMBIA PARK DR. SUITE #5 City JACKSONVILLE FL Zip Code 32258
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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  DATE **3/5/2007**

(NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIELAND, JOHN F. 1950 SULLIVAN RD. ATLANTA, GA 30337 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BACON RICHARD A. 1950 SULLIVAN RD. ATLANTA, GA 30337 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BACON, RICHARD A 1950 SULLIVAN RD ATLANTA, GA 30337 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, ADAM 114679 SILVER GLEN RD EAST JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6656 COLUMBIA PARK DR SUITE #5, JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT WEILAND SUSAN W. 1950 SULLIVAN RD. ATLANTA, GA 30337 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **2/21/07** 770-703-2805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. BACON