

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P36636

1. Entity Name
FIRST HOME DEVELOPMENT CORPORATION



Principal Place of Business

**1312 SIOUX STREET
DOTHAN, AL 36303 US**

Mailing Address

**P.O BOX 2253
DOTHAN, AL 36302**

DO NOT WRITE IN THIS SPACE



02232006 No Chg-P

CR2E034 (11/05)

4. FEI Number
63-1051854

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUERINO, JIM
1981 CAPITAL CIRCLE, N.E.
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

000000525598
05/04/06-80040-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEONARD, THOMAS F.
STREET ADDRESS	707 N. PONTIAC AVE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	VP
NAME	YATES, SANDRA
STREET ADDRESS	1981 CAPITAL CIRCLE N.E.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	ST
NAME	LEONARD, THOMAS F
STREET ADDRESS	707 N. PONTIAC AVE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	D
NAME	YATES, RICHARD
STREET ADDRESS	1981 CAPITAL CIRCLE N.E.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	LEONARD, WYNELL
STREET ADDRESS	707 N. PONTIAC AVE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Leonard
Date

334-793-3232
Daytime Phone #