

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P36636</b>	
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



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1051854	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GUERINO, JAMES R  
6964 AZUSA ROAD  
TALLAHASSEE, FL 32317

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000931161  
05/22/08-BU003-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, THOMAS F. 707 N. PONTIAC AVE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YATES, SANDRA 1981 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEONARD, THOMAS F 707 N. PONTIAC AVE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, RICHARD 1981 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, WYNELL 707 N. PONTIAC AVE 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* **THOMAS F. LEONARD** P/O 4/28/08 793-3232

Date

Daytime Phone #