


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000054627		
1. Entity Name HOUSING AMERICA REALTY INC.		

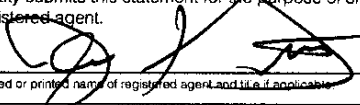
Principal Place of Business 4482 COMMERCE DRIVE STE 105 BUFORD, GA 30518 US	Mailing Address P.O. BOX 1238 BUFORD, GA 30515 US
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2. Principal Place of Business - No P.O. Box # 1610 PLUNKETTS ROAD	3. Mailing Address P.O. BOX 1238
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BUFORD GEORGIA	City & State BUFORD, GEORGIA
Zip 30519	Country GEORGIA
Country GEORGIA	Zip 30515

6. Name and Address of Current Registered Agent CREIGHTON, THOMAS G 4482 COMMERCE DRIVE STE 105 BUFORD, GA., FL 30518		7. Name and Address of New Registered Agent Name MR. JOHN GIOIELLO, ESQ Street Address (P.O. Box Number is Not Acceptable) 404 JENKS AVENUE City PANAMA CITY FL Zip Code 32401	
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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:  (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. <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	PST CREIGHTON, THOMAS G 4482 COMMERCE DRIVE BUFORD, GA 30518 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CREIGHTON, THOMAS G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1610 PLUNKETTS ROAD BUFORD, GEORGIA 30519
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
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
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
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
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: THOMAS G. CREIGHTON -  4-27-08 (770) 904-6551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
08 MAY 12 AM 10:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
04-03-02 90021 002 \$150.00  
