

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000056928

1. Entity Name
PICERNE HOMES, INC.



Principal Place of Business
247 N WESTMONTE DR
SUITE A
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
247 N WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3199108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILDES, RICHARD J.
215 N EOLA DR
ORLANDO, FL 32801

**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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HEFLINGER, JAN C
STREET ADDRESS	247 N WESTMONTE DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	DPS
NAME	PICERNE, ROBERT M
STREET ADDRESS	247 N WESTMONTE DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VP
NAME	PASCIONI, GARY I
STREET ADDRESS	247 N WESTMONTE DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000543411
05/10/06-80138-006 150.00

**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

Date

Daytime Phone #

Jan Heflinger
Jan Heflinger

4/21/06 407-772 0200