## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

## Mar 08, 2006 8:00 am **Secretary of State** DOCUMENT # P94000022920 03-08-2006 90167 026 \*\*\*150.00 1. Entity Name TEKA HOMES, INC. Principal Place of Business Mailing Address 1100 N. MAIN ST P.O. BOX 701323 KISSIMMEE, FL 34744 ST. CLOUD, FL 34770 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3232422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWSE, RON DO NOT WRITE 1100 N. MAIN ST KISSIMMEE, FL 34744 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOWSE, RON NAME 1100 N. MAIN ST STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-70P IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED