


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 004 ***150.00

DOCUMENT # P94000022920					
1. Entity Name TEKA HOMES, INC.					
Principal Place of Business 1100 N. MAIN ST KISSIMMEE, FL 34744			Mailing Address P.O. BOX 701323 ST. CLOUD, FL 34770		
2. Principal Place of Business - No P.O. Box # 1100 NORTH MAIN ST		3. Mailing Address PO BOX 701323			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.			
City & State Kissimmee, FL		City & State ST CLOUD, FL			
Zip 34744		Country US		Zip 34770	
Country US		Country US			
4. FEI Number 59-3232422			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 HOWSE, RON 1100 N. MAIN ST KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name: HOWSE, RONALD S. Street Address (P.O. Box Number is Not Acceptable): 1100 NORTH MAIN ST Suite A City: Kissimmee, FL Zip Code: 34744		
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWSE, RON 1100 N. MAIN ST KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HOWSE, RONALD S. PO BOX 701323 ST CLOUD, FL 34770	
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	
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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: _____			4.20.07 407.709.8002		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		