2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
04-25-2008 90112 008 ***150.00

DOCUMENT # P95000018375

1. Entity Name
LOUIE LOTT HOME BUILDER, INC.

Principal Place of Business	Mailing Address
5287 WEST HOMOSASSA TRAIL LECANTO, FL 34461	5287 WEST HOMOSASSA TRAIL LECANTO, FL 34461 US

01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3300960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~AMERICAN ACCOUNTING SERVICE INC~~
~~338 8TH AVENUE WEST~~
~~PALMETTO FL 34221~~
Louis M. Lott
5287 W. Homosassa Tr ~~PO Box 1238~~
Lecanto FL 34461 ~~Homosassa Spgs FL 34447~~

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: Louis M. Lott Louis M. Lott, President April 11, 2008
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOTT, LOUIS M
STREET ADDRESS	5287 WEST HOMOSASSA TRAIL
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	D
NAME	LOTT, CLAIRE M
STREET ADDRESS	5287 WEST HOMOSASSA TRAIL
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Claire M. Lott 4/11/08 (352) 628-1767
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SUCCEEDING~~ OFFICER OR DIRECTOR Date Daytime Phone #

Claire M. Lott, Secretary LLHB, Inc.