

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000057627

1. Entity Name
PRIDE HOMES, INC.



Principal Place of Business
**5103 CARTER SPENCER ROAD
MIDDLEBURG, FL 32068**

Mailing Address
**5103 CARTER SPENCER ROAD
MIDDLEBURG, FL 32068**



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3327569

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PRIDEMORE, JOANN
5103 CARTER SPENCER ROAD
MIDDLEBURG, FL 32068**

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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: JoAnn Pridemore JoAnn Pridemore 2/6/06
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reissuing) 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 PD
NAME PRIDEMORE, JOANN
STREET ADDRESS 5103 CARTER SPENCER ROAD
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE T
NAME PRIDEMORE, ROGER
STREET ADDRESS 5103 CARTER SPENCER ROAD
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE S
NAME LOFTUS, RICHARD D
STREET ADDRESS 5105 CARTER SPENCER RD
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

J100000424635
02/18/06-80060-008 150.00

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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: JoAnn Pridemore JoAnn Pridemore 2/6/06 (904) 2912000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #