


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000087793</b> 1. Entity Name <b>NEW GENERATION HOME BUILDERS, INC.</b>	
---	---

Principal Place of Business <b>5538-A N.W. 43RD STREET GAINESVILLE, FL 32653</b>	Mailing Address <b>5538-A N.W. 43RD STREET GAINESVILLE, FL 32653</b>
---	---



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3354542</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ROSS, BONNIE 5538-A N.W. 43RD STREET GAINESVILLE, FL 32653</b>
--

**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 NAME STREET ADDRESS CITY - ST - ZIP	S SEAY, TRINA P O BOX 357153 GAINESVILLE, FL 32635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROSS, TONY S. 2909 NW 162ST NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROSS, BONNIE L 5538 A NW 43ST GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSS, LARRY J 5538-A NW 43RD STREET GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000537058  
05/09/06-80002-018 150.00

**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: Bonnie L Ross Trina 3/29/06 3523776801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #