

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000094262**

1. Entity Name  
**FLORAHOME PROPERTIES, INC.**



Principal Place of Business  
**4940 SUNSET BLVD.  
PORT RICHEY, FL 34668 US**

Mailing Address  
**P.O. BOX 1929  
NEW PORT RICHEY, FL 34656 US**



07092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3358410</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**STOUT, RICHARD R  
4940 SUNSET BLVD.  
PORT RICHEY, FL 34668**

**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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RAMSEY, GARLAND
STREET ADDRESS	155 GARLAND CIRCLE
CITY-ST-ZIP	PALM HARBOR, FL 34683

TITLE	D
NAME	STOUT, RICHARD R
STREET ADDRESS	4940 SUNSET BLVD.
CITY-ST-ZIP	PORT RICHEY, FL 34668

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/06-80011-016 150.00

**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-9-06 9412849156**  
Date Daytime Phone #