

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000095590

1. Entity Name
SONOMA HILLS, INC.



Principal Place of Business
**10400 COUNTY ROAD 48
HOWEY-IN-THE-HILLS, FL 34737**

Mailing Address
**10400 COUNTY ROAD 48
HOWEY-IN-THE-HILLS, FL 34737**

DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3427053

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEUCHER, ROBERT N
10400 COUNTY ROAD 48
HOWEY-IN-THE-HILLS, FL 34737**

**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 transferring)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 BEUCHER, ROBERT N
STREET ADDRESS 10400 COUNTY ROAD 48
CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737

TITLE DS
NAME LINE, THOMAS P
STREET ADDRESS 10400 COUNTY ROAD 48
CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737

TITLE D
NAME BEUCHER, NICHOLAS F JR
STREET ADDRESS 10400 COUNTY ROAD 48
CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737

TITLE D
NAME BEUCHER CLARK, MARGARET MARY
STREET ADDRESS 10400 COUNTY ROAD 48
CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737

TITLE D
NAME BEUCHER PURSER, MICHELLE MARY
STREET ADDRESS 10400 COUNTY ROAD 48
CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737

TITLE D
NAME BEUCHER LINE, DONNA
STREET ADDRESS 10400 COUNTY ROAD 48
CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737

000000737124
05/11/07-80015-009 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Name

4-24-07