2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 24, 2006 8:00 am **Secretary of State** DOCUMENT # P96000096042 01-24-2006 90016 038 ***150.00 1. Entity Name SPRUCE CREEK PREMIER HOMES, INC. Principal Place of Business Mailing Address 100 CESSNA BLVD 100 CESSNA BLVD DAYTONA BEACH FL 32128 DAYTONA BEACH FL 32128 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3411490 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME BLACKWELL, WALTER K Street Address (P.O. Box Namber is Not Acceptable) 3225 VAIL VIEW DRIVE 9440 ROYAE BIRKDALE-WAY DAYTONA BEACH FL 32128 Zip Code STREET Adress 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. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN O OFFICERS AND DIRECTORS 10. 11. SAWC. SAWE ☐ Defete Change TITLE TITLE Addition BLACKWELL, WALTER K NAME NAME 3225 Vail View Drive DaytonA BEACH FL 32128 STREET ADDRESS 3140 ROMAL DIRMONERMENT STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32128 CITY+ST-ZIP Addition NAME NAME Street STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete~ TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED