## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 17, 2006 8:00 am Secretary of State 03-17-2006 90141 008 \*\*\*150.00

1. Entity Nam	MENT # P97000 T HOMES, INC.	052420				03-17-2000		130.00
Principal Plac	Mailing Address							
4030 S. PIPI SUITE 100	(IN ROAD	P O BOX 6254 Lakeland, FL 33803	P O BOX 6254				500034	43
LAKELAND, FL 33811			,					
Principal Place of Business 3. Mailing Address								
z. rilitcipai r	lace of business	3. Mailing Address	3. Mailing Address			<b>                                    </b>		MI II II II II .
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (11)	(05)
City & Stat	e	City & State	City & State			3802		Applied For Not Applicable
Zip	Country	Zìp	Zìp Countr			of Status Desired	□ , \$8.75	Additional
	6. Name and Address of Co	urrent Registered Agent	٠		7. Name and	Address of New R		1
HULBERT, MARK				Name Hulbert, mack				
6204 RIVERLAKE LANE				Street Address (P.O. Box Number is Not Acceptable)				
BARTOW,	FL 33830			10175	Q:Je	lake	Blud	
				City Q	(La.)	10 50		3830
The above named entity submits this statement for the purpose of changing its registered					tered agent, or bot	h, in the State of Flo	orida. I am familiar	with, and accept
the obligat	ions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registers	ed agent and title if applicable. (NO	TE: Registere	d Agent signature requi	ired when reinstating)		DATÉ	
	E NOW!!! FEE IS \$150.0 ay 1, 2006 Fee will be \$	aign Finar stribution.	· •	5.00 May Be dded to Fees			40.* **	
10.		S AND DIRECTORS	11.	PD	ADDITIONS/	CHANGES TO OFF	FICERS AND DIREC	
TITLE NAME	PD HULBERT, MARK	☐ Delete	TITLE NAM:	HUI	bert, mar	K :_ :	<b>™</b> Chi	ange
STREET ADDRESS	6204 RIVERLAKE LANE			ET ADDRESS	75 River	iake Bh	197	
CITY-ST-ZIP	BARTOW, FL 33830		CITY	-ST-ZIP BO	irtau 1	FL 2383		
THTLE	VD	☐ Delete	TITLE				<b>≸</b> A) Cha	ange 🔲 Addition
NAME STREET ADDRESS	HULBERT, LINDA 6204 RIVERLAKE LANE		NAMI STRE	ET ADDRESS (4.1~	10ert, Lin	ake Blud		
CITY-ST-ZIP	BARTOW, FL 33830			-ST-ZIP R	actau.	FL 338	30	
TITLE		Delete	TITLE		, <del></del>	- <u></u> -	_ Cha	nge
NAME STREET ADDRESS			NAMI STRE	E Et address				
CITY-ST-ZIP			- 1	-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Cha	inge 🔲 Addition
NAME			NAMI	<b>I</b>				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
TITLE		☐ Delete	TITLE				· Cha	ange
NAME STREET ADDRESS			NAM	<b>I</b>				
CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		. Delete	TITLE				☐ Cha	inge 🔲 Addition
NAME STREET ADDRESS			NAM	1				
CITY-ST-ZIP	Maria Cara Cara Cara Cara Cara Cara Cara	**		ET ADDRESS - ST-ZIP				
	certify that the information expolic	ed with this filing does not qualify f		<u> </u>	ed in Chanter 119	Florida Statutos I	further cortifu 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: