


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90016 045 \*\*\*150.00

<b>DOCUMENT # P97000106258</b> 1. Entity Name <b>TODAY HOMES OF PLANT CITY, INC.</b>					
Principal Place of Business <b>110 E REYNOLDS ST ST 900 PLANT CITY, FL 33563 US</b>			Mailing Address <b>110 E REYNOLDS ST ST 900 PLANT CITY, FL 33563 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2001 W Reynolds St</b>		3. Mailing Address <b>2001 W Reynolds St</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Plant City FL</b>		City & State <b>Plant City FL</b>		4. FEI Number <b>59-3485183</b>	
Zip <b>33563</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MUSGROVE, RHONDA G 3324 BRIANS POND DR PLANT CITY, FL 33566</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD MUSGROVE, RHONDA G 110 E REYNOLDS ST #900 PLANT CITY, FL 33563</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC ROY, WANDA L 110 E REYNOLDS ST #900 PLANT CITY, FL 33563</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Musgrove, Aaron 2001 W Reynolds St Plant City FL 33563</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CANNON, CHRISTOPHER R 110 E REYNOLDS STREET #900 PLANT CITY, FL 33563</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>sec Cannon, Christopher R 2001 W Reynolds St Plant City FL 33563</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Rhonda G Musgrove</i>			<b>7/23/08 813-707-0035</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		