


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90072 032 \*\*\*150.00

<b>DOCUMENT # P98000036327</b>			
1. Entity Name <b>FIRST HOMES CONSTRUCTION, INC.</b>			
Principal Place of Business <b>220-BIG-MAGNOLIA-CT ST AUGUSTINE FL 32080 US</b>		Mailing Address <b>220-BIG-MAGNOLIA-CT ST AUGUSTINE FL 32080 US</b>	
2. Principal Place of Business <b>403 OCEAN FOREST DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>403 OCEAN FOREST DR</b> Suite, Apt. #, etc.	
City & State <b>ST. Augustine FL</b> Zip <b>32080</b> Country <b>US</b>		City & State <b>ST. Augustine FL</b> Zip <b>32080</b> Country <b>US</b>	
6. Name and Address of Current Registered Agent <b>GAUMONT, EUGENE 220-BIG-MAGNOLIA CT ST AUGUSTINE FL 32080</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>403 OCEAN FOREST DR</b> 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 <b>EUGENE GAUMONT</b> <i>Eugene Gaumont</i> <b>2/7/06</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD GAUMONT, EUGENE A 220-BIG-MAGNOLIA CT ST AUGUSTINE FL 32080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>403 OCEAN FOREST DR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GAUMONT, EUGENE A 220-BIG-MAGNOLIA CT ST AUGUSTINE FL 32080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>403 OCEAN FOREST DR</b>
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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.

**SIGNATURE: EUGENE GAUMONT** *Eugene Gaumont* **2/7/06** (904) 461-0506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #