2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000036327 Feb 05, 2007 08:00 AM **Secretary of State** FIRST HOMES CONSTRUCTION, INC. Principal Place of Business Mailing Address 403 OCEAN FOREST DR 403 OCEAN FOREST DR ST AUGUSTINE FL 32080 ST AUGUSTINE FL 32080 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, atc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-3506672 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAUMONT, EUGENE 403 OCEAN FOREST DR Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32080 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signalura required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Delete HILE ☐ Change GAUMONT, EUGENE A NAME NAME 403 OCEAN FOREST DR STREET ADDRESS STREET ADDRESS U000000622615 ST AUGUSTINE FL 32080 CITY+ST-ZIP CITY-SI-71P 150,.00 HILE ☐ Delete THE ☐ Change Addition GAUMONT, EUGENE A NAME NAME 403 OCEAN FOREST DR STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32080 CITY-S1-ZIP CITY-ST-ZIP THE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUV-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Defete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - S1 - ZIP TITLE ☐ Delete TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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

EUGENE GAUMONT

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

FILED

2/1/07 (904) 461-0506