


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P98000046985 1. Entity Name C & G HOMES OF CHIEFLAND, INC. |  |
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| Principal Place of Business 13845 NW HWY 19 CHIEFLAND, FL 32626 | Mailing Address 13845 NW HWY 19 CHIEFLAND, FL 32626 |
|---|---|

DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-3509577 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SNIDER, MATT
13845 NW HWY 19
CHIEFLAND, FL 32626

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.P. COLLINS, MIKE W RT. BOX 875 LAKE CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD COLLINS, SCOTT 2100 W. FOUR FOX COND. LAKE CITY, FL 33055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COLLINS, MIKE G RT 2 BOX 22012 LAKE CITY, FL 32024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SNIDER, MATTHEW J 13845 N.W HWY 19 CHIEFLAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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05/01/07-80078-008 150.00

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.

SIGNATURE: Mike W. Collins 4-19-07 386-252-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #