

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-24-2008 90069 001 \*\*\*158.75

**DOCUMENT # P98000046985**

1. Entity Name  
**C & G HOMES OF CHIEFLAND, INC.**



Principal Place of Business  
**13845 NW HWY 19  
CHIEFLAND, FL 32626**

Mailing Address  
**13845 NW HWY 19  
CHIEFLAND, FL 32626**

**50001150**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-3509577**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNIDER, MATT  
13845 NW HWY 19  
CHIEFLAND, FL 32626**

Name **Collins, Michael W.**

Street Address (P.O. Box Number is Not Acceptable)

**202 NW Country Lake Glen**

City **Lake City**

**FL**

Zip Code **32055**

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

*Mike W. Collins*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P. ☐ Delete  
NAME COLLINS, MIKE W  
STREET ADDRESS RT. BOX 875  
CITY-ST-ZIP LAKE CITY, FL

TITLE DP ☒ Change ☐ Addition  
NAME Collins, Mike W  
STREET ADDRESS 202 NW Country Lake Glen  
CITY-ST-ZIP Lake City, FL 32055

TITLE VPD ☐ Delete  
NAME COLLINS, SCOTT  
STREET ADDRESS 2100 W. FOUR FOX COND.  
CITY-ST-ZIP LAKE CITY, FL 33055

TITLE VPD ☒ Change ☐ Addition  
NAME Collins, Scott  
STREET ADDRESS 406 NW Old Mill Dr.  
CITY-ST-ZIP Lake City, FL 32055

TITLE SD ☐ Delete  
NAME COLLINS, MIKE G  
STREET ADDRESS RT 2 BOX 22012  
CITY-ST-ZIP LAKE CITY, FL 32024

TITLE SD ☒ Change ☐ Addition  
NAME Collins, Mike G.  
STREET ADDRESS 202 NW Country Lake Glen  
CITY-ST-ZIP Lake City, FL 32055

TITLE TD ☒ Delete  
NAME SNIDER, MATTHEW J  
STREET ADDRESS 13845 N.W HWY 19  
CITY-ST-ZIP CHIEFLAND, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-08

Date

386-752-3743

Daytime Phone #