

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046985

Entity Name: C & G HOMES OF CHIEFLAND, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

13845 NW HWY 19
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

13845 NW HWY 19
CHIEFLAND, FL 32626

New Mailing Address:

P.O. BOX 2736
LAKE CITY, FL 32056

FEI Number: 59-3509577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLINS, MICHAEL W
202 NW COUNTRY LAKE GLEN
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D.P. () Delete
Name: COLLINS, MIKE V
Address: 202 NW COUNTRY LAKE GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: VPD () Delete
Name: COLLINS, SCOTT
Address: 406 NW OLD MILL DR
City-St-Zip: LAKE CITY, FL 32055

Title: SD () Delete
Name: COLLINS, MIKE G
Address: 296 SW LONGLEAF DR
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D.P. (X) Change () Addition
Name: COLLINS, MIKE W
Address: 202 NW COUNTRY LAKE GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE W. COLLINS

DP

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date