


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90035 018 ***150.00

DOCUMENT # P99000027113	
1. Entity Name FLORIDA TREND HOMES, INC.	

Principal Place of Business 3241 OLEANDER AVE FT PIERCE, FL 34982	Mailing Address 3241 OLEANDER AVE FT PIERCE, FL 34982
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2. Principal Place of Business - No P.O. Box # 3300 Enterprise Rd	3. Mailing Address 3300 Enterprise Rd.
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Fort Pierce, FL	City & State Fort Pierce, FL
Zip 34982	Country USA

40011259



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0914270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRISSON, TERRENCE J 3241 OLEANDER AVE FT PIERCE, FL 34982	
7. Name and Address of New Registered Agent Name: Terrence J. Brisson Street Address (P.O. Box Number is Not Acceptable): 3300 Enterprise Rd Suite # 201 City: Fort Pierce FL Zip Code: 34982	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRISSON, TERRENCE J 3241 OLEANDER AVE FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____