


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90018 048 \*\*\*150.00

DOCUMENT # P99000042470	
1. Entity Name AMERICAN PLANTATION HOMES, INC.	

Principal Place of Business 6461 BLUE LAGOON DR THE WATERFORD STE 350 MIAMI, FL 33126	Mailing Address 6461 BLUE LAGOON DR THE WATERFORD STE 350 MIAMI, FL 33126
--	--

**40005553**



2. Principal Place of Business 10th Floor	3. Mailing Address 10th Floor
Suite, Apt. #, etc. 901 Ponce De Leon Blvd.	Suite, Apt. #, etc. 901 Ponce De Leon Blvd.

01162006 Chg-P CR2E034 (11/05)

City & State Coral Gables, FL.	City & State Coral Gables, FL.
Zip 33134	Country

4. FEI Number 65-0917498	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 THOMAS, BRADFORD A 6461 BLUE LAGOON DR THE WATERFORD STE 350 MIAMI, FL 33126
--

7. Name and Address of New Registered Agent Name Thomas A. Bradford A. Street Address 10th Floor 901 Ponce De Leon Blvd. City Coral Gables FL Zip Code 33134
--

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 _____ DATE 1/16/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST THOMAS, BRADFORD A 6461 BLUE LAGOON DR STE 350 MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Thomas Bradford A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10th Floor 901 Ponce De Leon Blvd. Coral Gables FL 33134
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.	
SIGNATURE: _____	Bradford A. Thomas 1/16/06 305-542-6356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #