2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 09, 2006 8:00 am **Secretary of State DOCUMENT # P99000046761** 1. Entity Name 01-09-2006 90030 009 ***150.00 SOUTH LAKE PRESTIGE HOMES, INC. Mailing Address Principal Place of Business 13511 PALO CT 13511 PALO CT CLERMONT, FL 34711 CLERMONT, FL 34711 46700142 2. Principal Place of Business 3. Mailing Address 230 Prescott drive 230 Prescott drive Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01052006 Chg-P City & State City & State 4. FEI Number Applied For Orlando, FL 32809 Orlando, FL 32809 Not Applicable 59-3577876 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent David A. Griner GRINER, DAVID A 10039 LAKE LOUISA RD. Street Address (P.O. Box Number is Not Acceptable) CLERMONT, FL 34711 City ²32809 Orlando 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. s of registered agent and atle if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. **PVST** PSTD Delete XI Change ■ Addition TITLE TITLE GRINER, DAVID A NAME NAME 230 Prescott Drive STREET ADDRESS STREET ADDRESS 10039 LAKE LOUISA RD. Orlando, FL 32809 CITY-ST-7IP CLERMONT, FL 34711 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME GRINER, DAVID A MARKE 10039 LAKE LOUISA RD. STREET ADDRESS STREET ADDRESS CLERMONT, FL 34711 CITY-ST-ZIP CITY-ST-ZIP VPD X Addition ☐ Delete TITE F ☐ Change TITI F Scott Overcamp NAME NAME STREET ADDRESS STREET ADDRESS 4035 Eagle's Nest CITY-ST-7IP CITY-ST-ZIP Hernando Beach, FL 34607 Delete TITLE ☐ Change ☐ Addition TILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

FILED

Daytime Phone #

☐ Change

☐ Change

■ Addition

☐ Addition