

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90024 017 ***158.75

DOCUMENT # P99000074446

1. Entity Name
JULIUS HOME CO.



Principal Place of Business
**101 CENTURY 21 DRIVE
SUITE 116
JACKSONVILLE, FL 32216 US**

Mailing Address
**101 CENTURY 21 DRIVE
SUITE 116
JACKSONVILLE, FL 32216 US**

40036311



2. Principal Place of Business - No P.O. Box #
3750 Silver Bluff

3. Mailing Address
Same as # 2

Suite, Apt. #, etc.
Unit 1403

Suite, Apt. #, etc.

03032007 Chg-P CR2E034 (12/06)

City & State
Orange Park, FL

City & State

4. FEI Number
59-3592982

Applied For
Not Applicable

Zip
32065

Country
Clay

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

**SUESS, MARY K
101 CENTURY 21 DRIVE
SUITE 116
JACKSONVILLE, FL 32216**
**3750 Silver Bluff
Unit 1403
Orange Park, FL
32065**

Name

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

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SUESS, MARY K
101 CENTURY 21 DRIVE #116
JACKSONVILLE, FL 32216**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3750 Silver Bluff Blvd # 1403
Orange Park, FL 32065**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: Mary K. Suess Mary K. Suess

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/12/07 904 406 4657

Date

Daytime Phone #