2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S04336

Name:

Address: City-St-Zip: THOMAS, STEVE

105 AUBURN ROAD

FT WALTON BCH, FL 32547

Entity Name: WEST FLORIDA HOMES, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 105 AUBURN ROAD FORT WALTON BEACH, FL 32547 **Current Mailing Address: New Mailing Address:** PO BOX 966 SHALIMAR, FL 32579 FEI Number: 59-3036194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITWORTH, LEO A JR 105 AUBURN ROAD FT WALTON BCH, FL 32547 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WHITWORTH, LEO A JR Name: Name: 105 AUBURN ROAD Address: Address: City-St-Zip: FT WALTON BCH, FL 32547 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: GARRETT, BRITT Name: PO BOX 966 Address: Address: SHALIMAR, FL 32579 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition DAVIS, AARON M Name: Name: 105 AUBURN ROAD Address: Address: City-St-Zip: FT WALTON BCH, FL 32547 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition HERMS, CARL J Name: Name: Address: 105 AUBURN ROAD Address: City-St-Zip: FT WALTON BCH, FL 32547 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LEO A. WHITWORTH, JR. PST 04/16/2009