

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90192 040 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # S90921 | |  | |
| 1. Entity Name HOMES PLUS OF PUTNAM COUNTY INC. | | | |
| Principal Place of Business 2100 CAMPBELL ST PALATKA FL 32177 US | | Mailing Address 2100 CAMPBELL ST PALATKA FL 32177 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3106202 | | 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 PERTERSEN, EDWARDINE C 2100 CAMPBELL ST. PALATKA FL 32177 | | 7. Name and Address of New Registered Agent Name EDWARDINE C. PETERSEN 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 <i>Edwardine C. Petersen</i> EDWARDINE C. PETERSEN | | DATE 4-16-07 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PETERSEN, EDWARDINE C 2100 CAMPBELL ST. PALATKA FL 32177 <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 | STD PETERSEN, EDWARDINE C. 2100 CAMPBELL ST. PALATKA FL 32177 <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 Section 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: <i>Edwardine C. Petersen</i> EDWARDINE C. PETERSEN PRES. | | Date 4-17-07 386-328-1600 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |



1st MOORE CR2E034 (10/06)