2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02147

Entity Name: H. GENE HARVEY HOMES, INC.

FILED Apr 01, 2009 Secretary of State

5511 LAMOYA AVE. 2939 CORINTHIAN AVE. JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

5511 LAMOYA AVE. 2939 CORINTHIAN AVE. JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210

FEI Number: 59-3098711 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:

SMITH, C. HOLT, III 233 EAST BAY STREET SUITE 930 JACKSONVILLE, FL 32202 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

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

JACKSONVILLE, FL 32210

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32210

 Title:
 P/D () Delete
 Title:
 P/D (X) Change () Addition

 Name:
 HARVEY, H. GENE,
 Name:
 HARVEY, H. GENE,

 Address:
 5511 LAMOYA AVE
 Address:
 5400 LAMOYA AVE #4

 Address:
 5511 LAMOYA AVE
 Address:
 5400 LAMOYA AVE #4

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:
 JACKSONVILLE, FL 32210

 Title:
 S/D () Delete
 Title:
 S/D (X) Change () Addition

 Name:
 HARVEY, ANNIE E,
 Name:
 HARVEY, ANNIE E,

 Address:
 5511 LAMOYA AVE
 Address:
 5400 LAMOYA AVE #4

Title: VP/D () Delete Title: () Change () Addition

 Intile:
 VP/D
 () Delete
 Intile:
 () Change ()

 Name:
 COMBS, PAUL D,
 Name:
 Address:

 Address:
 2545 OAK ST. #6
 Address:
 City-St-Zip:

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:

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.

SIGNATURE: H. GENE HARVEY P/D 04/01/2009