**FILED** Apr 19, 2007 08:00 Al Secretary of State

Applied For

ANNUAL REPORT  DOCUMENT # V03367  1. Entity Name BUILDERS MODEL HOME FURNITURE, INC.  Principal Place of Business 4127 SOUTH TAMIAMI TR 4501 S. TAMIAMI TRAIL SABASOTA EL 24231			
Principal Place of Business	Mailing Address		
4127 SOUTH TAMIAMI TR VENICE, FL 34293	4501 S. TAMIAMI TRAIL Sarasota, Fl. 34231		



## DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4.	FEI Number			Applied For
	65-0307609		{	Not Applicable
5.	Certificate of Status De	esired		5 Additional equired

6. Name and Address of Current Registered Agent

SMITH, JEFFREY J. 4501 S. TAMIAMI TRAIL SARASOTA, FL 34231

## DO NOT WRITE IN THIS SPACE

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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 purpose of 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, typed or 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, typed or 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.						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financin Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P SMITH, JEFFREY J. 4501 S. TAMIAMI TRAIL SARASOTA, FL. 34231	CTORS				
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	ST SMITH, TAMERA L 4501 SOUTH TAMIAMI TR SARASOTA, FL 34231				U00000716981 04/30/07-80029-025 150.0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						