


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # V16452</b> 1. Entity Name AMERICAN HOMEBUILDERS, INC.	
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Principal Place of Business 13400 SUTTON PARK DR S SUITE 1401 JACKSONVILLE, FL 32224 US	Mailing Address 13400 SUTTON PARK DR S SUITE 1401 JACKSONVILLE, FL 32224 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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FILED

08 AUG 14 AM 11:52

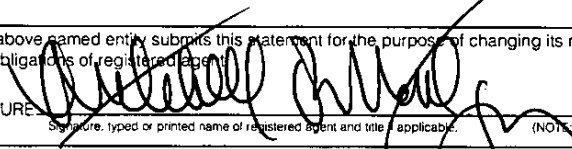
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SHEFFIELD, J. HOWARD SHEFFIELD & BOATRIGHT, P.A. 6101 GAZEBO PARK PLACE NORTH, SUITE 103 JACKSONVILLE, FL 32257	7. Name and Address of New Registered Agent Name: <u>Mitchell R. Montgomery</u> Street Address (P.O. Box Number is Not Acceptable): <u>13400 Sutton Park Dr S</u> <u>Suite 1402</u> City: <u>Jacksonville</u> FL Zip Code: <u>32224</u>
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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.

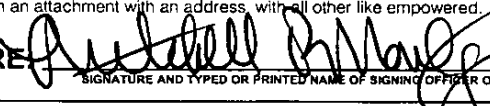
SIGNATURE:  DATE: 8/11/08

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD HALIL, DONALD W JR. <input checked="" type="checkbox"/> Delete	TITLE	
NAME	13400 SUTTON PARK DR S SUITE 1401	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JACKSONVILLE, FL 32224	STREET ADDRESS	<b>700134549657</b>
CITY-ST-ZIP		CITY-ST-ZIP	08/18/08--01047--009 **\$61.25
TITLE	PST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, M. CRAIG	NAME	
STREET ADDRESS	13400 SUTTON PARK DR S STE 1401	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, MITCHELL	NAME	<u>D, P, S, T</u>
STREET ADDRESS	13400 SUTTON PARK DR S STE 1402	STREET ADDRESS	<u>Montgomery, Mitchell</u>
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGLER, ELLEN F	NAME	
STREET ADDRESS	13400 SUTTON PARK DR S STE 1401	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE: 7-25-08 (904) 821-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8146