

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007518

Entity Name: APD CUSTOM HOMES, INC.

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

3374 CEDAR FARMS CT
ALPHARETTA, GA 30004

New Principal Place of Business:

6495 SHILOH RD
SUITE 400
ALPHARETTA, GA 30005

Current Mailing Address:

11807 NORTHFALL LN
STE 901
ALPHARETTA, GA 30004

New Mailing Address:

6495 SHILOH RD
SUITE 400
ALPHARETTA, GA 30005

FEI Number: 58-2309495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, M. MARK
4540 SOUTHSIDE BLVD
STE 702
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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:

Title: PCD () Delete
Name: DUBOVOY, ARKADIY
Address: 3374 CEDAR FARMS CT
City-St-Zip: ALPHARETTA, GA 30004

Title: S () Delete
Name: DUBOVOY, VERA
Address: 3374 CEDAR FARMS CT
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARKADIY DUBOVOY

PCD

04/06/2006

Electronic Signature of Signing Officer or Director

Date