

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90087 034 ***150.00

DOCUMENT # P03000069505

1. Entity Name
J.C. CUSTOM HOMES, INC.



Principal Place of Business
**633 NORTHWEST 22ND STREET
 WILTON MANORS, FL 33311**

Mailing Address
**633 NORTHWEST 22ND STREET
 WILTON MANORS, FL 33311**

94053307



2. Principal Place of Business
 Suite, Apt. #, etc.
1628 NE. 8th STREET

3. Mailing Address
 Suite, Apt. #, etc.
P.O. BOX 23008

04112004 Chg-P CR2E034 (10/03)

City & State
FT. LAUDERDALE, FLORIDA

City & State
FT. LAUDERDALE, FLORIDA

Zip
33304

Country
USA

Zip
33307

Country
USA

4. FEI Number
30-0191015

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CARRIER, JOHN F
 633 NORTHWEST 22ND STREET
 WILTON MANORS, FL 33311**

7. Name and Address of New Registered Agent
 Name
CARRIER, JOHN F

Street Address (P.O. Box Number is Not Acceptable)
1628 N.E. 8th STREET

City
FT. LAUDERDALE

State
FL

Zip Code
33304

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: *John F. Carrier* **JOHN F. CARRIER - President** **4/12/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> Delete	CARRIER, JOHN F
NAME	633 NORTHWEST 22ND STREET
STREET ADDRESS	WILTON MANORS, FL 33311
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CARRIER, JOHN F
NAME	1628 N.E. 8th STREET
STREET ADDRESS	FT. LAUDERDALE, FLORIDA 33304
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John F. Carrier* **JOHN F. CARRIER** **4/12/04** **(954) 519-9940**

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