
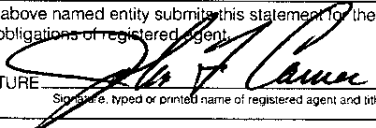
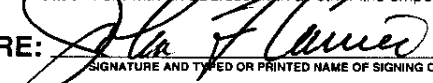


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business Suite, Apt. #, etc. 1628 NE. 8th STREET City & State FT. LAUDERDALE, FLORIDA Zip 33304 Country USA		3. Mailing Address Suite, Apt. #, etc. P.O. BOX 23008 City & State FT. LAUDERDALE, FLORIDA Zip 33307 Country USA	
4. FEI Number 30-0191015		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 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 - President 4/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME CARRIER, JOHN F STREET ADDRESS 633 NORTHWEST 22ND STREET CITY-ST-ZIP WILTON MANORS, FL 33311	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CARRIER, JOHN F STREET ADDRESS 1628 N.E. 8th STREET CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33304		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 4/12/04 (954) 579-9940 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			