


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90085 020 ***150.00

DOCUMENT # P03000069505

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



Principal Place of Business
**1628 NE 8TH STREET
 FORT LAUDERDALE, FL 33304**

Mailing Address
**PO BOX 23008
 FORT LAUDERDALE, FL 33307**

50002307

2. Principal Place of Business
440 NE OLIVE WAY

3. Mailing Address
P.O. BOX 1616

Suite, Apt. #, etc.



01042006 Chg-P CR2E034 (11/05)

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL

Zip
33432 Country
USA

Zip
33429 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
 1628 NE 8TH STREET
 FORT LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent

Name
CARRIER, JOHN F.

Street Address (P.O. Box Number is Not Acceptable)
440 NE. OLIVE WAY

City
BOCA RATON FL Zip Code
33432

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 CARRIER - PRES. *John F. Carrier* **3/6/06**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRIER, JOHN F 1628 NE 8TH STREET FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CARRIER, JOHN F 440 NE OLIVE WAY BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John F. Carrier* **JOHN F CARRIER - President** **3/6/06** **954-562-8793**

Signature and typed or printed name of signing officer or director Date Daytime Phone #