

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90153 038 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |     |                                                                                    |                                                                                                                                                              |                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000030726</b><br>1. Entity Name<br><b>LE CHATEAU CUSTOM HOMES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |     |                                                                                    |                                                                                                                                                              |                                                                   |  |
| Principal Place of Business<br><b>4521 PGA BLVD., STE. 287<br/>PALM BEACH GARDENS FL 33418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |     | Mailing Address<br><b>4521 PGA BLVD., STE. 287<br/>PALM BEACH GARDENS FL 33418</b> |                                                                                                                                                              |                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |     | 3. Mailing Address<br>Suite, Apt. #, etc.                                          |                                                                                                                                                              |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |     | City & State                                                                       |                                                                                                                                                              |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                           | Zip | Country                                                                            | 4. FEI Number <b>20-1043439</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |     |                                                                                    | 1st MOORE CR2E034 (10/04)                                                                                                                                    |                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STEPHEN S. MATHISON, P.A.<br/>5606 PGA BLVD<br/>PALM BEACH GARDENS FL 33418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |     |                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                         |                                                                   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |     |                                                                                    |                                                                                                                                                              |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |     |                                                                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                          |                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |     |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                        |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete |     |                                                                                    | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ROSS, DENA                        |     |                                                                                    | NAME                                                                                                                                                         |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4521 PGA BLVD., STE. 287          |     |                                                                                    | STREET ADDRESS                                                                                                                                               |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PALM BEACH GARDENS FL 33418       |     |                                                                                    | CITY-ST-ZIP                                                                                                                                                  |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete |     |                                                                                    | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ROSS, DARA                        |     |                                                                                    | NAME                                                                                                                                                         |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4521 PGA BLVD., STE. 287          |     |                                                                                    | STREET ADDRESS                                                                                                                                               |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PALM BEACH GARDENS FL 33418       |     |                                                                                    | 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                                                                                                                                                  |                                                                   |  |
| 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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |     |                                                                                    | Date <b>4-20-05</b> Daytime Phone #                                                                                                                          |                                                                   |  |