


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90387 029 ***150.00

DOCUMENT # 426248 1. Entity Name CUSTOM HOME BUILDERS, INC.	
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Principal Place of Business 1919 NIGHTFALL DR. NEPTUNE BCH, FL 32266-1517 US	Mailing Address 1919 NIGHT FALL DR. NEPTUNE BCH, FL 32266-1517 US
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02102005	No Chg-P CR2E034 (10/03)
4. FEI Number 59-1462379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DARYL GRUBBS 1919 NIGHTFALL DR NEPTUNE BCH, FL 32266	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUBBS, DARYL 1919 NIGHTFALL DR. NEPTUNE BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KARIN A. KARNER 1919 NIGHTFALL DR. NEPTUNE BCH, FL
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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: *Daryl Grubbs* Daryl Grubbs, Pres 4-21-05 904-290-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #