

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91022 035 ***150.00

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|--|---------------------------------|---|---|--|--|
| DOCUMENT # 475742 | | | | | |
| 1. Entity Name CUSTOM HOMES BY GARY MORGAN, INC. | | | | | |
| Principal Place of Business 1261 FAIRWAY DRIVE CHIPLEY, FL 32428 US | | | Mailing Address P.O. BOX 1270 LYNN HAVEN, FL 32444 US | | |
| 2. Principal Place of Business 718 E Pierson Dr Suite, Apt. #, etc. | | 3. Mailing Address 718 E Pierson Dr Suite, Apt. #, etc. | | | |
| City & State Lynn Haven, FL | | City & State Lynn Haven, FL | | 4. FEI Number 59-1669228 | |
| Zip 32444 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORGAN, GARY D. 1261 FAIRWAY DRIVE CHIPLEY, FL 32428 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 718 E Pierson Dr City Lynn Haven FL Zip Code 32444 | | |
| 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 <i>Gary D. Morgan</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <i>Gary D. Morgan, Pres</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | 4-27-04 <small>DATE</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 PS NAME MORGAN, GARY D. STREET ADDRESS P.O. BOX 1270 CITY-ST-ZIP LYNN HAVEN, FL 32444 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 718 E Pierson Dr CITY-ST-ZIP Lynn Haven, FL 32444 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME MORGAN, GARY D JR STREET ADDRESS 1261 FAIRWAY DR CITY-ST-ZIP CHIPLEY, FL 32428 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 2400 Judson St CITY-ST-ZIP Lynn Haven, FL 32444 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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 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: <i>Gary D. Morgan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <i>Gary D. Morgan, Pres</i> <small>Date</small> | | 4-27-04 <small>Daytime Phone #</small> | |