


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90199 014 \*\*\*150.00

<b>DOCUMENT # G52782</b>							
1. Entity Name J&R CUSTOM BUILDERS INC.							
Principal Place of Business 905 E. JUNEAU ST. TAMPA, FL 33604		Mailing Address 905 E. JUNEAU ST. TAMPA, FL 33604					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	04192004 Chg-P CR2E034 (10/03)			
4. FEI Number 59-2324563			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			7. Name and Address of New Registered Agent				
MARGOTTA, JOHN R. 905 E. JUNEAU ST. TAMPA, FL 33604			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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> <b>After May 1, 2004 Fee will be \$550.00</b>		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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MARGOTTA, JOHN R	NAME					
STREET ADDRESS	517 W 130TH AVE.	STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP					
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	MARGOTTA, JOHN R	NAME	ST Donald E. Butler				
STREET ADDRESS	6919 N. CLEARVIEW AVE	STREET ADDRESS	10312 Out Island Dr.				
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	Tampa, FL 33615				
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MARGOTTA, ROBERT J	NAME					
STREET ADDRESS	905 E. JUNEAU ST.	STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33604	CITY-ST-ZIP					
TITLE	ASD <input checked="" type="checkbox"/> Delete	TITLE	ASD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	SCIME, MARK S	NAME	Donald E. Butler				
STREET ADDRESS	4702 TRAVERTINE DR	STREET ADDRESS	10312 Out Island Dr				
CITY-ST-ZIP	TAMPA, FL 33615	CITY-ST-ZIP	Tampa, FL 33615				
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: <i>John R. Margotta</i>		Date: 4/26/04		Daytime Phone #: 813-849-0904			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							