

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # H55423

1. Entity Name
JAMELIN CUSTOM HOMES, INC.



Principal Place of Business
**12597 SPRING HILL DR.
SPRING HILL, FL 34609**

Mailing Address
**12597 SPRING HILL DR
SPRING HILL, FL 34609**



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-2532695 | 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

**WISNIEWSKI, JAMES M.
10199 RIDGE TOP LOOP
BROOKSVILLE, FL 34613**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating) 12

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS.

| | |
|----------------|-----------------------|
| TITLE | PV |
| NAME | WISNIEWSKI, JAMES M. |
| STREET ADDRESS | 10199 RIDGE TOP LOOP |
| CITY-ST-ZIP | BROOKSVILLE, FL 34613 |

| | |
|----------------|-----------------------|
| TITLE | ST |
| NAME | WISNIEWSKI, LINDA |
| STREET ADDRESS | 10199 RIDGE TOP LOOP |
| CITY-ST-ZIP | BROOKSVILLE, FL 34613 |

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA J. WISNIEWSKI

Date

4/13/07 (352) 684-6555

Daytime Phone #