



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # H93563 1. Entity Name R. J. CUSTOM BUILDERS, INC.		
Principal Place of Business 231 COUNTRY CLUB SHALIMAR, FL 32549	Mailing Address % DAVID A. SIMPSON 909 MAR WALT DRIVE, SUITE 1024 FORT WALTON BEACH, FL 32548	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent SIMPSON, DAVID A 909 MAR WALT DRIVE SUITE 1024 FORT WALTON BEACH, FL 32548		
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000222861 02/10/05-80021-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONKE, ROBERT 231 COUNTRY CLUB ROAD SHALIMAR, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JONKE, SUE ANN 231 COUNTRY CLUB ROAD SHALIMAR, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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)(f), 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 2-8-05 Day/Time Phone # 850-582-6231
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2620799** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**