2006 FOR PROFIT CORPORATION ANNUAL REPORT

OCUMENT # J08722

ngy Name

USTOM HOMES BY DON TRAURIG, INC.

cipal Place of Business

66 PINE TRACE DR Rasota, Fl. 34243 US

US.

FILED Jan 23, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

Mailing Address

7766 PINE TRACE DR SARASOTA, FL 34243

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2672527

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DONALD A.

AURIG, DONALD A. B PINE TRACE DR RASOTA, FL 34243

| DC | NOT | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| te above named entity submits this s | statement for the purpose of changing | its registered office or registered agent, | or both, in the State of Florida. | I am lamiliar with, and accept |
|--------------------------------------|---------------------------------------|--|-----------------------------------|--------------------------------|
| e obligations of registered agent. | | • | | • |
| <u> </u> | • | | | |

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

(NOTE: Registered Agent signature required when reinstating)

 \Box

DATE

FILE NOW!!! FEE IS \$150.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000398265 01/30/06-80<mark>086-024 150.00</mark>

OFFICERS AND DIRECTORS
PT
TRAUBIG DONALD A

TRAURIG, DONALD A
7766 PINE TRACE DR
SARASOTA, FL 34243

AUERESS

٤

s

s: Ci DO NOT WRITE

Aconcess 24

The certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes

receive certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information to categories are supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director in fine 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 tranged, or on an attachment with an express, with all other like empowered.

NATURE: Mully

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-351-5658