2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 09, 2006 08:00 AM Secretary of State **DOCUMENT # J43508** GARY H. BROWN CUSTOM HOMES, INC. Principal Place of Business Mailing Address 2166 RESERVATION RD 2166 RESERVATION RD GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 08062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2763782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired No Fee Required 6. Name and Address of Current Registered Agent BROWN, GARY HILL DO NOT WRITE 2166 RESERVATION RD GULF BREEZE, FL 32561 IN THIS SPACE B. 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PST** TITLE NAME BROWN, GARY H STREET ADDRESS 2166 RESERVATION RD 000000573920 08/09/06-80002-019 550.00 CITY-ST-ZIP GULF BREEZE, FL 32561 TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attach of the statutes. changed, or on an attact with an address with all other like empowered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SNOW? SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR