## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83610

Entity Name: GREG LEWIS CUSTOM HOMES, INC.

FILED Jan 17, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9651 CHUMUCKLA SPRINGS ROAD JAY, FL 32565

**Current Mailing Address: New Mailing Address:** 

9651 CHUMUCKLA SPRINGS ROAD JAY, FL 32565 US

FEI Number: 59-2875165 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, LAURA LEWIS, LAURA J VST 9651 CHUMUCKLA SPRINGS ROAD 9651 CHUMUCKLA SPRINGS ROAD

JAY, FL 32565 US JAY, FL 32565 US

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.

SIGNATURE: LAURA J. LEWIS 01/17/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

LEWIS, GREG LEWIS, GREG C P Name: Name: 9651 CHUMUCKLA SPRINGS ROAD 9651 CHUMUCKLA SPRINGS ROAD Address: Address:

JAY, FL 32565 US City-St-Zip: JAY, FL 32565 US City-St-Zip:

Title: VTS Title: VST () Delete (X) Change ( ) Addition Name: LEWIS, JOE Name: LEWIS, LAURA J VST

Address:

2705 HARVEST ROAD 9651 CHUMUCKLA SPRINGS ROAD Address:

JAY, FL 32565 US JAY, FL 32565 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete

LEWIS, JOE Name: LEWIS, JOSHUA A D Name:

2705 HARVEST ROAD 9651 CHUMUCKLA SPRINGS ROAD Address: Address:

City-St-Zip: JAY, FL 32565 City-St-Zip: JAY, FL 32565 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA J LEWIS **VST** 01/17/2004