2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 08, 2008 08:00 AN DOCUMENT # K70545 **Secretary of State** 1. Entity Name COLLIER CUSTOM HOMES, INC. 243 Principal Place of Business Mailing Address 228 PONTE VEDRA PARK DR 228 PONTE VEDRA PARK DR STE 400 STE 400 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 59-2933597 Not Applicable ZiD Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISHER, TOUSEY, LEAS & BALL, P.A. Street Address (P.O. Box Number is Not Acceptable) 818 N. A1A SUITE 104 PONTE VEDRA BEACH FL 32082 Zipi Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. Lant familiar with, and accept the obligations of registered agent. Signiture, typed or crimed man niet registered agent and title Trapsfearing (NOTE Registering Agent a gitteture institution when reintegring) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution : Added to Fees Make Check Payable to Florida Department of State } a. . . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 U0000021181 □ Change (02/19/08-80013-017 150.00 TITLE PD ☐ Derete TITLE Addition COLLIER, ELWOOD T. JR. NAME NAME STREET ADDRESS STREET ADDRESS 1331 N 1ST ST. UNIT 1102 PONTE VEDRA BEACH FL 32082 CITY - ST- 712 CITY-ST-ZIP STD TITLE Derete TITLE Change Addition NAME COLLIER, DONNA M. NAME STREET ADDRESS 1331 N 1ST ST UNIT 1102 STREET ADDRESS PONTE VEDRA BEACH FL 32082 City-St-ZiP CITY-ST-7IP THE ☐ Derete TITLE ☐ Change ■ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BULE ☐ Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE De'ete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITLE Change Addition . NAME MALAF STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information indicated on this report or suppliemental 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

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