## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # L01943  1. Entity Name DAVE BREWER CUSTOM HOMES, INC.					03-14-2005 90110 008 ***150.00				
Principal Place of Business . 4312 BLACK OAK LN ZELLWOOD, FL 32798 US		Mailing Address 4312 BLACK OAK LN ZELLWOOD, FL 32798 US				: : :   <b>48101</b> 11 <b>719</b> 1801100000000000000000000000000000000	50026043		
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numb 59-296		<u> </u>	oplied For ot Applicable		
Žip	Country	Zíp	Coun	try	<u> </u>	of Status Desired	S8.75 Add		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Ro	egistered Agent		
DDEWED PADEA				мате	Name				
BREWER, EARL A 4312 BLACK OAK LN ZELLWOOD, FL 32798			Street Address (P.O. Box Number is Not Acceptable)						
			City	City FL Zip Code					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND I	DIRECTORS	11.	-	ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECTOR	S IN 11	
TITLE 'T'	PSTD	☐ Delete	TITLE	i			☐ Change	Addition	
NAME	-· ·		NAM						
STREET ADDRESS	4312 BLACK OAK			ET ADDRESS ST-ZIP					
CITY-ST-ZIP	ZELLWOOD, FL 32798		4-						
TITLE		☐ Delete III					Change	☐ Addition	
NAME STREET ADDRESS			NAM	ET ADDRESS				i	
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAMI	E				-	
STREET ADDRESS	* <del>.</del>	-		ET ADDRESS	•				
CITY-ST-ZIP		[7]	_	-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
name Street address			NAMI	ET ADDRESS					
CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE	:		·	☐ Change	Addition	
NAME			NAM	E				_	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		<u></u>	CITY	-ST - ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAMI	i					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	and the three the information as malic at with	this filling does not qualify for	_1	-ST-ZIP	Caption 110 07(0)	(i) Florida Statute - 1	Livethor partition than the :	oformatics	
iz. Hereby	certify that the information supplied with on this report or supplemental report is	true and accurate and that m	iv signat	ura shall have th	e same legal effe	t as if made under c	eath: that Lam an officer	or director	

of the corporation or the rec changed, or on an attachm