

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90162 024 ***150.00

DOCUMENT # L16635

1. Entity Name
EGRET CUSTOM HOMES, INC.



Principal Place of Business
**C/O ROBERT G. WATTERSON
5097 RUSSELL AVE.
FT. MYERS, FL 33919 US**

Mailing Address
**C/O ROBERT G. WATTERSON
5097 RUSSELL AVE.
FT. MYERS, FL 33919 US**

60032353



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0154704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATTERSON, ROBERT G.
5097 RUSSELL AVE.
FT. MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	WATTERSON, ROBERT G.
STREET ADDRESS	5097 RUSSELL AVE.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	VP
NAME	LOWE, MARIA C
STREET ADDRESS	611 SE 8TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	WATTERSON, KATHERINE A
STREET ADDRESS	5168 LOMA VISTA CIR SUITE 204
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4/12/08 ✓ (239) 936-6768