


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000099211</b> 1. Entity Name CARIBBEAN CUSTOM HOMES, INC.	
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Principal Place of Business 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904	Mailing Address 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904
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03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1055391	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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5. Name and Address of Current Registered Agent  MCGILICUDDY, JASON 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000121279 04/20/04-80044-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MCGILICUDDY, JASON 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BEZANSON, GEORGE II 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

**SIGNATURE:**  **4/16/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #