FILED
Mar 09, 2005 8:00 am
Secretary of State

01-10-2005 90047 030 ****50.00
03-09-2005 90031 050 ***100.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000099211

1. Entity Name
CARIBBEAN CUSTOM HOMES, INC.

Principal Place of Business	Mailing Address
1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904	1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1517 SE 16th Place	1517 SE 16th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral
Zip: 33990 Country: USA	Zip: FL Country: USA

4. FEI Number: 65-1055391 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGILLICUDDY, JASON 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904	Name: Street Address (P.O. Box Number is Not Acceptable): 1517 SE 16th Place City: Cape Coral FL Zip Code: 33990

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MCGILLICUDDY, JASON 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1517 SE 16th Place Cape Coral, FL 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BEZANSON, GEORGE II 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1517 SE 16th Place Cape Coral, FL 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ______________________ 1-5-05 (239) 540-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #