

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90116 008 ***150.00

DOCUMENT # P01000000690					
1. Entity Name FLUET CUSTOM HOMES, INC.					
Principal Place of Business 9209 YELLOW LAKE DRIVE NEW PORT RICHEY, FL 34654			Mailing Address 9209 YELLOW LAKE DRIVE NEW PORT RICHEY, FL 34654		
2. Principal Place of Business - No P.O. Box # 4873 Quill Court		3. Mailing Address 4873 Quill Court			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State PALM HARBOR FL		City & State PALM HARBOR FL		4. FEI Number 65-1066265	
Zip 34685		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLUET, JEAN 9209 YELLOW LAKE DRIVE NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent Name FLUET, JEAN Street Address (P.O. Box Number is Not Acceptable) 4873 Quill Court City PALM HARBOR FL Zip Code 34685		
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 		JEAN FLUET <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 4-30-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	D FLUET, JEAN 9209 YELLOW LAKE DRIVE NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FLUET, JEAN 4873 Quill Court PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		PRES. JEAN FLUET		Date 4/30/07	