

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90054 038 \*\*\*150.00

<b>DOCUMENT # P01000086989</b>					
<b>1. Entity Name</b> <b>MCGARVEY DOERER CUSTOM HOMES, INC.</b>					
<b>Principal Place of Business</b> <b>432 OSCEOLA AVE.</b> <b>JACKSONVILLE BEACH, FL 32250</b>			<b>Mailing Address</b> <b>200 BOXHALL CT.</b> <b>JACKSONVILLE, FL 32259</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>75-2986480</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>MCGARVEY, JAMES N JR</b> <b>432 OSCEOLA AVE.</b> <b>JACKSONVILLE BEACH, FL 32250</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				<b>FL</b> Zip Code	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ST</b> <input type="checkbox"/> Delete <b>MCGARVEY, JAMES N JR</b> <b>432 OSCEOLA AVE.</b> <b>JACKSONVILLE BEACH, FL 32250</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <input type="checkbox"/> Delete <b>DOERER, JOHN T</b> <b>432 OSCEOLA AVE.</b> <b>JACKSONVILLE BEACH, FL 32250</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>MCGARVEY, JAMES N JR</b> <b>5366 FIFTH STREET</b> <b>ST AUGUSTINE BEACH, FL 32084</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>DOERER, JOHN T</b> <b>432 OSCEOLA AVE.</b> <b>JACKSONVILLE BEACH, FL 32250</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>					
<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MCGarvey, James N. Jr.</b> <b>432 Osceola Ave</b> <b>Jacksonville Beach Fl. 32250</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> _____				<b>4-5-05 904-461-5680</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	