

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000086989

1. Entity Name
MCGARVEY DOERER CUSTOM HOMES, INC.



Principal Place of Business
**432 OSCEOLA AVE.
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**200 BOXHALL CT.
JACKSONVILLE, FL 32259**



03212006 No Chg-P CR2E034 (1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2986480

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGARVEY, JAMES N JR
432 OSCEOLA AVE.
JACKSONVILLE BEACH, FL 32250**

**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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MCGARVEY, JAMES N JR
STREET ADDRESS	432 OSCEOLA AVE.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	P
NAME	DOERER, JOHN T
STREET ADDRESS	432 OSCEOLA AVE.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	MCGARVEY, JAMES N JR
STREET ADDRESS	432 OSCEOLA AVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	DOERER, JOHN T
STREET ADDRESS	432 OSCEOLA AVE.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000494090
04/20/06-80032-007 150.00

**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 reports 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

John Doerer

3-21-06

Date

904-461-5680

Daytime Phone #