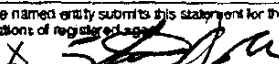



90073591

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000118692</b>		
1. Entity Name <b>PREFERRED CUSTOM HOMES, INC.</b>		
Principal Place of Business 1777 TAMiami TRAIL 411 PORT CHARLOTTE, FL 33948		Mailing Address 2805 TAMiami TRAIL PUNTA GORDA, FL 33950
2. Principal Place of Business <b>3191-B Harbor BLVD</b>		3. Mailing Address <b>3191-B Harbor BLVD</b>
City & State <b>PORT CHARLOTTE FL</b>		City & State <b>PORT CHARLOTTE FL</b>
4. FEI Number <b>01-0562740</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>OSKEY, STEVEN B 1777 TAMiami TRAIL, STE 411 PORT CHARLOTTE, FL 33948</b>		7. Name and Address of New Registered Agent <b>Name: STEVEN B. OSKEY Street Address (P.O. Box Number is Not Acceptable) <b>3191-B HARBOR BLVD</b> City <b>PORT CHARLOTTE</b> FL Zip Code <b>33952</b></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. SIGNATURE:  DATE: _____		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT. OSKEY, STEVEN B 70 MAPLE DE DOIS ST PUNTA GORDA, FL 33993	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPS DUNN, CAROL 17479 O'HARA DRIVE PORT CHARLOTTE, FL 33948	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		DATE: _____

CR0004 (10/02)