


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000001841 1. Entity Name ENVISION CUSTOM HOMES INC.	
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Principal Place of Business 3697 CROWN POINT COURT SUITE #2 JACKSONVILLE, FL 32257	Mailing Address 1483 FLOYD JOHNS RD. JACKSONVILLE, FL 32234
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 37-1421759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, CHRISTOPHER 2231 BROAD WATER CT JACKSONVILLE, FL 32225
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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD JOHNSON, CHRISTOPHER P 1483 FLOYD JOHNS RD. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD JOHNSON, TERRY M 1483 FLOYD JOHNS RD. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD JOHNSON, BELINDA L 1483 FLOYD JOHNS RD. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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02/09/05-80017-003 150.00

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: Chris P Johnson **Chris P Johnson** 2/7/05 (904) 886-4373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #