


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 A
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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04222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 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

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 title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/06

**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

1100000550883
05/13/06-80073-016 150.00

| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06 9088864373