2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P02000009998

Entity Name: PINE RIDGE CUSTOM HOMES, INC.

Current Principal Place of Business:

P.O. BOX 3775
HOMOSASSA SPRINGS, FL 34447

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3775
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

FEI Number: 80-0030940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, THOMAS N
6614 WEST RICHARD DRIVE
WEEKI WACHEE, FL 34607 US

Name and Address of New Registered Agent:

ANDERSON, THOMAS N
10200 W. FISHBOWL DRIVE
HOMOSASSA, FL 34448 US

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.

SIGNATURE: 01/04/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: ANDERSON, THOMAS N
Address: 6614 WEST RICHARD DRIVE
City-St-Zip: WEEKI WACHEE, FL 34607

Title: VPS ( ) Delete
Name: ANDERSON, GAIL R
Address: 6614 WEST RICHARD DRIVE
City-St-Zip: WEEKI WACHEE, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: ANDERSON, THOMAS N
Address: 10200 W. FISHBOWL DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: VPS (X) Change ( ) Addition
Name: ANDERSON, GAIL R
Address: 10200 W. FISHBOWL DRIVE
City-St-Zip: HOMOSASSA, FL 34448

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS N. ANDERSON PT 01/04/2005
Electronic Signature of Signing Officer or Director — Date