2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000029530

1. Entity Name
MARK TIMOTHY CUSTOM DELRAY HOMES, INC.

Principal Place of Business	Mailing Address
41 SE 5 ST, 2 FLOOR BOCA RATON, FL 33432	41 SE 5 ST, 2 FLOOR BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01312006   No Chg-P   CR2E034 (11/05)

4. FEI Number
04-3711989

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

GERSHON, HOLLY GAYLE
1489 W PALMETTO PARK RD #425
BOCA RATON, FL 33486

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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, 2006 Fee will be $350.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

	TITLE	D
	NAME	PULTE, MARK T
	STREET ADDRESS	41 SE 5TH STREET, 2ND FLOOR
	CITY-ST-ZIP	BOCA RATON, FL 33432
	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	TITLE	
	NAME	
	STREET ADDRESS	
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	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	

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03/18/06-80046-014   150.00

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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: _Mark Pulte, President_ 2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date

561 272-6852
Daytime Phone #