

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90043 010 ***150.00

DOCUMENT # P02000048142 1. Entity Name CUSTOM RESIDENTIAL CONCEPTS, INC.			
Principal Place of Business 200 ST ANDREWS BLVD #1003 WINTER PARK, FL 32792		Mailing Address 200 ST ANDREWS BLVD #1003 WINTER PARK, FL 32792	
2. Principal Place of Business - No P.O. Box # 1687 PROSPECT AVE Suite, Apt. #, etc.		3. Mailing Address 1687 PROSPECT AVE Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA Zip 32814 Country USA		City & State ORLANDO, FLORIDA Zip 32814 Country USA	
4. FEI Number 04-3652074		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 ONEAL, BRYON P 200 ST ANDREWS BLVD #1003 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name ONEAL, BRYON P. Street Address (P.O. Box Number is Not Acceptable) 1687 PROSPECT AVE City ORLANDO FL Zip Code 32814	
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: <u>[Signature]</u> DATE: <u>1/8/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs O'NEAL, BRYON 200 ST. ANDREWS BLVD. #1003 WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs O'NEAL, BRYON 1687 PROSPECT AVE ORLANDO, FL 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/8/07</u> Daytime Phone #: <u>407-425-5128</u>	