


FILED
Jun 09, 2003 8:00 am
Secretary of State

05-15-2003 90114 044 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 0200004947 *FL*
 1. Entity Name *WIZARD Custom Homes, Inc.*



DO NOT WRITE IN THIS SPACE

44003859

2. Principal Place of Business *CONSTRUCTION*
 Suite, Apt. #, etc. *658 Bald Eagle Drive*
 City & State *MARCO Island, FL*
 Zip *34145* Country *Collier*

3. Mailing Address
 Suite, Apt. #, etc.
 City & State *Florida*
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number *04-3688432* Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name *Earl McManis*
 Street Address (P.O. Box Number is Not Acceptable) *658 Bald Eagle Dr.*
 City *MARCO Island, FL* Zip Code *FL 34145*

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]* DATE *05/01/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$350.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Johanna Healey 658 Bald Eagle Dr. MARCO Island, FL 34145</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Johanna Healey* DATE *05.01.03* 239-642-5453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/02)