2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P02000059396 1. Entity Name 04-24-2006 90509 001 *****8.75 CUSTOM HOMES SOUTH, INC. 04-24-2006 90509 002 ***150.00 Principal Place of Business Mailing Address 6247 ROCK CREEK 6312 US HWY 301 N **ELLENTON FL 34222 ELLENTON FL 34222** 2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc. 2411 TALLEVAST RD. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 4. FEI Number 51-0415441 Sarasota, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DESENBERG, TREY DESENBERG, TREY Street Address (P.O. Box Number is Not Acceptable) 6312 US HWY 301 N **ELLENTON FL 34222** TALLEVAST 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. DESENBERG, PRESIDENT FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition ☐ Delete TITLE DESENBERG, TREY DESENBERG, TREY NAME NAME 2411 TALLEVAST RD. STREET ADDRESS 3208 BAY DRIVE STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED