
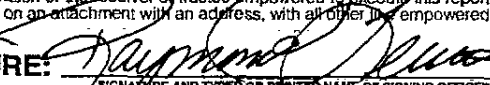


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000072274		
1. Entity Name RL CUSTOM HOMES, INC.		
Principal Place of Business 308 OAK STREET MELBOURNE, FL 32951	Mailing Address 308 OAK STREET MELBOURNE, FL 32951	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEWIS, RAYMOND 308 OAK STREET MELBOURNE, FL 32951		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		000000174198 01/07/05-80048-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, RAYMOND 308 OAK STREET MELBOURNE, FL 32951	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKETT, FREDERICK W 2481 CROOKED ANTLER DR. MELBOURNE, FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/3/05 (321) 952-6856 <small>Date Daytime Phone #</small>