


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000082097</b>					
1. Entity Name <b>G.C.W. CUSTOM BUILDERS, INC.</b>					
Principal Place of Business <b>P.O. BOX 16239 FERNANDINA BEACH FL 32035</b>			Mailing Address <b>P.O. BOX 16239 FERNANDINA BEACH FL 32035</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>56-2284596</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAVIS, CLYDE W 20 SOUTH FIFTH STREET FERNANDINA BEACH FL 32034</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WILLIS, TODD S		NAME		
STREET ADDRESS	2142 ROCKDOVE LANE		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CHASE, ROBERT J		NAME		
STREET ADDRESS	937 SEA HAWK PLACE		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS			STREET ADDRESS		
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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.

**SIGNATURE:** *Robert J Chase* **ROBERT J CHASE** *1/19/06* *904 261-3380*



1st MOORE CR2E034 (10/05)

4. FEI Number **56-2284596**

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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