2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089577

Address:

City-St-Zip:

Entity Name: PRECISION CUSTOM HOMES, INCORPORATED

FILED Feb 23, 2004 Secretary of State

Current Principal Place of Business:			New Princina	New Principal Place of Business:		
·			-	•		
21595 S TAMIAMI TRAIL VENICE, FL 34293 Current Mailing Address:				2159 S TAMIAMI TRAIL VENICE, FL 34293 New Mailing Address:		
			New Mailing			
21595 S TAMIAMI TRAIL VENICE, FL 34293				2159 S TAMIAMI TRAIL VENICE, FL 34293		
FEI Number	: 61-1437317	FEI Number Applied For()	FEI Number Not Applicat	ole () Cer	tificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Ac	ldress of New	Registered Agent:	
	FARER DR	Js				
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its r	egistered office	or registered agent, or both,	
SIGNATUI						
		nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P (OLLIVER, JOH 1484 SEAFARI OSPREY, FL (ER DR	Title: Name: Address: City-St-Zip:	()Chai	nge () Addition	
Title: Name: Address: City-St-Zip:	V (OLLIVER, TIFF 1484 SEAFARI OSPREY, FL:	ER DR	Title: Name: Address: City-St-Zip:	()Chai	nge () Addition	
Title: Name: Address: City-St-Zip:	VS (OLLIVER, KEL 1484 SEAFARI OSPREY, FL	ER DR	Title: Name: Address: City-St-Zip:	()Chai	nge () Addition	
Title:	() Delete	Title: V	() Chai	nge (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

740 W. YALE ST.

ENGLEWOOD, FL 34223

SIGNATURE: KELLY OLLIVER VS 02/23/2004