

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089577

FILED
Mar 29, 2005
Secretary of State

Entity Name: PRECISION CUSTOM HOMES, INCORPORATED

Current Principal Place of Business:

2159 S TAMiami TRAIL
VENICE, FL 34293

New Principal Place of Business:

714 SHAMROCK BLVD
VENICE, FL 34293

Current Mailing Address:

2159 S TAMiami TRAIL
VENICE, FL 34293

New Mailing Address:

714 SHAMROCK BLVD
VENICE, FL 34293

FEI Number: 61-1437317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLLIVER, JOHN
1484 SEAFARER DR
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLLIVER, JOHN
Address: 1484 SEAFARER DR
City-St-Zip: OSPREY, FL 34229

Title: V () Delete
Name: OLLIVER, TIFFANY
Address: 1484 SEAFARER DR
City-St-Zip: OSPREY, FL 34229

Title: VS () Delete
Name: OLLIVER, KELLY
Address: 1484 SEAFARER DR
City-St-Zip: OSPREY, FL 34229

Title: V () Delete
Name: DOWD, MARK
Address: 740 W. YALE ST.
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KELLY OLLIVER

VS

03/29/2005

Electronic Signature of Signing Officer or Director

Date