2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089577

Name:

Address:

City-St-Zip:

OLLIVER, KELLY

3679 PETUNIA TERRACE

NORTH PORT, FL 34286

Entity Name: PRECISION CUSTOM HOMES, INCORPORATED

FILED Mar 24, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
714 SHAMROCK BLVD VENICE, FL 34293		3679 PETUNIA TERRACE NORTH PORT, FL 34286		
Current Mailing Address:		New Mailing Address: 3679 PETUNIA TERRACE NORTH PORT, FL 34286		
714 SHAMROCK BLVD VENICE, FL 34293				
FEI Number	: 61-1437317	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	FARER DR	US		
in the State	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida. ´ RE:	·		ed office or registered agent, or both,
in the State	e of Florida. ´ RE:Electro	submits this statement for the particles of Registered Agrig Trust Fund Contribution ().		
in the State SIGNATUI Election Car	e of Florida. ´ RE:Electro	nic Signature of Registered Agong Trust Fund Contribution ().	ent	
in the State SIGNATUI Election Car	e of Florida. RE: Electro mpaign Financin S AND DIREC	nic Signature of Registered Agr og Trust Fund Contribution (). CTORS:) Delete IN ER DR	ent	Date
in the State SIGNATUI Election Car OFFICER Title: Name: Address:	e of Florida. RE: Electro mpaign Financin S AND DIREC P (OLLIVER, JOH 1484 SEAFAR OSPREY, FL	nic Signature of Registered Agong Trust Fund Contribution (). CTORS:) Delete IN SER DR 34229 () Delete FANY TERRACE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KELLY OLLIVER, VP OF PCH VS 03/24/2008