

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90023 001 \*\*\*158.75

**DOCUMENT # P02000106044**

1. Entity Name

CYR CUSTOM HOMES, INC.



Principal Place of Business

9921 BRENTFORD CT.  
WINDERMERE FL 34786

Mailing Address

9921 BRENTFORD CT.  
WINDERMERE FL 34786

54005150



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

432 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 126

City & State

City & State

Windermere, FL.

Zip

Country

Zip

Country

34786

US.

4. FEI Number

55-0799526

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CYR, STEVE  
9921 BRENTFORD CT.  
WINDERMERE FL 34786

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Steve A. Cyr - Director

02/06/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME CYR, STEVE  
STREET ADDRESS 9921 BRENTFORD CT.  
CITY-ST-ZIP WINDERMERE FL 34786

☐ Delete

TITLE D  
NAME CYR, Steve  
STREET ADDRESS 432 main street #126  
CITY-ST-ZIP Windermere, FL 34786

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change

☐ Addition

TITLE  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Steve A. Cyr

02/06/04

407-832-9375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #