2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 25, 2005 08:00 AM

(386) 507-8845

DOCUMENT # P02000128866 1. Entity Name ABC CUSTOM HOMES, INC.					Secr	etary of State
•	te of Business 100DY BLVD. L 32110	Mailing Address P.O. BOX 352383 PALM COAST, FL 32135				
С	OO NOT WRITE 6. Name and Address of Current Re	CE	01212005 4. FEI Number 43-199	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
		DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for U lons of registered agent.	ne purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Florid	da. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	d Agent signature required	when reinstating)		DAYE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI P AMARAL, JOHN P.O. BOX 352383 PALM COAST, FL 32135	RECTORS			U000002 03/25/05-8	75643 0008-010 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trusted empower or on an attachment with an andress, with	s filing does not qualify for the exer te and accurate and that my signat tred to execute this report as requir a Wother like empowered	mption stated in Sec ure shall have the s red by Chapter 607,	ction 119.07(3)(i ame legal effec , Florida Statute	i), Florida Statutes, I fu t as if made under oat s; and that my name a	rther certify that the information h; that I am an officer or director ppears in Block 10 or Block 11 if