

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000948

FILED
Feb 05, 2009
Secretary of State

Entity Name: PARTNERSHIP CUSTOM HOMES & REMODELING INC.

Current Principal Place of Business:

3901 MONUMENT ROAD
SUITE 3
JACKSONVILLE, FL 32225

New Principal Place of Business:

4002 LA VISTA CIRCLE
JACKSONVILLE, FL 32217 US

Current Mailing Address:

4320 DEERWOOD LAKE PARKWAY
SUITE 101-501
JACKSONVILLE, FL 32216

New Mailing Address:

4002 LA VISTA CIRCLE
JACKSONVILLE, FL 32217 US

FEI Number: 02-0661990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKOSKY, ANTHONY S
4320 DEERWOOD LAKE PARKWAY
SUITE 101-501
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

MIKOSKY, ANTHONY S
4002 LA VISTA CIRCLE
JACKSONVILLE, FL 32217 US

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: ANTHONY S. MIKOSKY

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIKOSKY, ANTHONY S
Address: 4320 DEERWOOD LAKE PARKWAY, ST. 101-501
City-St-Zip: JACKSONVILLE, FL 32216

Title: V (X) Delete
Name: MIKOSKY, BROCK A
Address: 4480 DEERWOOD LAKE PARKWAY, APT. 224
City-St-Zip: JACKSONVILLE, FL 32216

Title: S (X) Delete
Name: MIKOSKY, MORGAN M
Address: 6250 TERRY ROAD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIKOSKY, ANTHONY S
Address: 4002 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217 US

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 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.

SIGNATURE: ANTHONY S. MIKOSKY

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

Date