


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000007467</b>					
1. Entity Name <b>D &amp; H CUSTOM BUILDERS, INC.</b>					
Principal Place of Business <b>2878 CHELTON ROAD SOUTH JACKSONVILLE FL 32216</b>			Mailing Address <b>2878 CHELTON ROAD SOUTH JACKSONVILLE FL 32216</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>82-0586578</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PRICE, HENRY W 2878 CHELTON ROAD SOUTH JACKSONVILLE FL 32216</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
NAME	PRICE, HENRY W		NAME	000000244958	
STREET ADDRESS	2878 CHELTON ROAD SOUTH		STREET ADDRESS	02/28/05-80005-006 150.00	
CITY - ST - ZIP	JACKSONVILLE FL 32216		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
NAME	PRICE, DAVID A		NAME		
STREET ADDRESS	6200 CREETOWN DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32216		CITY - ST - ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
NAME	PRICE, GLORIA N		NAME		
STREET ADDRESS	2878 CHELTON ROAD SOUTH		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32216		CITY - ST - ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
NAME	HUTTENLOCHER, KELLIE P		NAME		
STREET ADDRESS	3019 REX DRIVE SOUTH		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32216		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Henry W. Price* **Henry W. Price** **02/23/05** **(904) 724-162**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #