

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90257 018 ***150.00

DOCUMENT # P03000052570					
1. Entity Name JD CUSTOM HOMES, INC.					
Principal Place of Business 13515 ISLAND RD. FT. MYERS, FL 33905			Mailing Address 13515 ISLAND RD. FT. MYERS, FL 33905		
2. Principal Place of Business 6821 Tech. Ct. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6821 Tech. Ct. <small>Suite, Apt. #, etc.</small>			
City & State FT MYERS FL		City & State FT MYERS FL		4. FEI Number 20-0028173	
Zip 33905		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KETCHUM, SCOTT M ESQ. 692 GOODLETTE RD. NORTH NAPLES, FL 34102				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. -Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME MARTINEZ, JEREMY C STREET ADDRESS 13515 ISLAND RD. CITY - ST - ZIP FT. MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 13486 Caribbean CITY - ST - ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSTD NAME MONACELL, DAVID A STREET ADDRESS 4000 BAYVIEW DR. #702 CITY - ST - ZIP FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3341 Timberwood Circle CITY - ST - ZIP Naples, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Date 4/23/04 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					