

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90049 004 ***150.00

DOCUMENT # P03000053261

1. Entity Name
FOLEY CUSTOM HOMES, INC.



Principal Place of Business
**1800 OLD MOODY BLVD.
BUNNELL, FL 32110**

Mailing Address
**20 PRINCE ANTHONY LN
PALM COAST, FL 32164**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007

Chg-P

CR2E034 (12/06)

4. FEI Number
43-2014862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAVY, BENJAMIN
25 PINE CONE DRIVE
SUITE 2A
PALM COAST, FL 32164**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME FOLEY, JAMES M
STREET ADDRESS 20 PRINCE ANTHONY LN
CITY-ST-ZIP PALM COAST, FL 32164

TITLE VP ☐ Delete
NAME FOLEY, MICHAEL J
STREET ADDRESS 17 BURNING BUSH DR
CITY-ST-ZIP PALM COAST, FL 32164

TITLE S ☐ Delete
NAME FOLEY, SHAWN R
STREET ADDRESS 20 PRINCE ANTHONY LANE
CITY-ST-ZIP PALM COAST, FL 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition
NAME FOLEY, JAMES M.
STREET ADDRESS 36 WOOD CEDAR DR.
CITY-ST-ZIP PALM COAST, FL 32164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME FOLEY, SHAWN R.
STREET ADDRESS 36 WOOD CEDAR DR.
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

James M. Foley Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

386-446-9293

Date

Daytime Phone #