

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053261

Entity Name: FOLEY CUSTOM HOMES, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1800 OLD MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

36 WOOD CEDAR DR.
PALM COAST, FL 32164

New Mailing Address:

6 ROYAL PALM LN
PALM COAST, FL 32164

FEI Number: 43-2014862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FOLEY, JAMES M
Address: 36 WOOD CEDAR DR
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: FOLEY, MICHAEL J
Address: 17 BURNING BUSH DR
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: FOLEY, SHAWN R
Address: 36 WOOD CEDAR DR.
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: FOLEY, JAMES M
Address: 6 ROYAL PALM LN
City-St-Zip: PALM COAST, FL 32164

Title: VP (X) Change () Addition
Name: FOLEY, MICHAEL J
Address: 7 ROYALE LANE
City-St-Zip: PALM COAST, FL 32164

Title: S (X) Change () Addition
Name: FOLEY, SHAWN R
Address: 6 ROYAL PALM LN
City-St-Zip: PALM COAST, FL 32164

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: JAMES FOLEY

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date