

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000057237

1. Entity Name
GAINESVILLE CUSTOM HOMES, INC.



Principal Place of Business

1410 NW 13TH STREET
SUITE 9
GAINESVILLE, FL 32601

Mailing Address

POST OFFICE BOX 357475
GAINESVILLE, FL 32635-7475

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number

58-2672437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEMA, RONALD J
1410 NW 13TH STREET
SUITE 9
GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000939908
05/28/08-80044-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SHEMA, RONALD J
STREET ADDRESS 1410 NW 13TH STREET #2
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE D
NAME LICCIARO, KEN
STREET ADDRESS 810 NW 6TH ST
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #