2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 8:00 am Secretary of State

DOCUMENT # P03000057780 1. Entity Name INNOVATIVE CUSTOM HOMES, INC.						01-26-200	04 90001 041 ***	150.00
Principal Place of Business Mailing Address 11705 MEREDITH LN 11705 MEREDITH L PORT RICHEY, FL 34668 PORT RICHEY, FL 3			668				940003f	U
2. Principal Place of Business 14066 Spring Hill Dr 14066 Spring Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.				Dr	01202004	· Chg-P	CR2E034 (10/03)	
Spring Hill FL Zip Country 34609 US	R Sip	34609	II FL Cduntry USA		5. Certificate	01850 of Status Desired	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent FRICK, FRED A 11705 MEREDITH LN PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Dat La L Schwendenan Street Address (P.O. Box Number is Not Acceptable) 2940 Meadowood Dr				
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, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5. 0 Adde	00 May Be ed to Fees			
TITLE DP NAME FRICK, FRED A STREET ADDRESS 11705 MEREDITH LN	CERS AND DIRECTO	DRS Delete	11. TITLE NAME STREET ADDRESS	29	r wende 40 Mei	eman, b	100	Addition
CITY-ST-ZIP PORT RICHEY, FL 34 TITLE DS NAME FRICK, HELMA A STREET ADDRESS 11705 MEREDITH LN CITY-ST-ZIP PORT RICHEY, FL 34		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neu	- Port F	Richey,	<u> </u>	Addition
TITLE V NAME SCHWENDEMAN, DAR STREET ADDRESS 2940 MEADOWOOD D CITY-ST-ZIP NEW PORT RICHEY, E	R	Delete	TITLE NAME. STREET ADDRESS CITY-ST-ZIP	DV FL	105 M	ered. A	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 34333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		15 Kie	hey, I~	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition

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 Daila - X Schwendernan
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/20104

1-352-279-2908