

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057780

FILED
Jan 18, 2005
Secretary of State

Entity Name: INNOVATIVE CUSTOM HOMES, INC.

Current Principal Place of Business:

14066 SPRING HILL DR
SPRING HILL, FL 34609

New Principal Place of Business:

12458 SPRING HILL DR
SPRING HILL, FL 34609

Current Mailing Address:

14066 SPRING HILL DR
SPRING HILL, FL 34609

New Mailing Address:

2940 MEADOWOOD DR
NEW PORT RICHEY, FL 34655

FEI Number: 30-0185025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWENDEMAN, DARLA L
2940 MEADOWOOD DR
NEW PORT RICHEY, FL 34655 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: DPT () Delete
Name: SCHEWENDEMAN, DARLA L
Address: 2940 MEADOWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS () Delete
Name: FRICK, HELMA A
Address: 11705 MEREDITH LN
City-St-Zip: PORT RICHEY, FL 34668

Title: DV (X) Delete
Name: FRICK, FRED A
Address: 11705 MEREDITH LANE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change () Addition
Name: SCHWENDEMAN, DAVID C
Address: 2940 MEADOWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARLA L. SCHWENDEMAN

DP

01/18/2005

Electronic Signature of Signing Officer or Director

Date