## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P03000059105 1. Entity Name J & R CUSTOM HOMES, INC. Principal Place of Business Mailing Address 8534 FAIRWAY RD DR 8534 FAIRWAY RD DR FORT MYERS, FL 33912 FORT MYERS, FL 33912 04272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1666687 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUSUMANO, GREGORY DO NOT WRITE 8534 FAIRWAY BEND DR FORT MYERS, FL 33912 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, lyped 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MUSUMANO, GREGORY NAME STREET ADDRESS 8534 FAIRWAY BEND DR CITY-ST-ZIP FORT MYERS, FL 33912 TITLE U00000740524 NAME STREET ADDRESS 05/14/07-80071-002.150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statut es. 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 of the corporation or the receiver or trusteet in powered 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

ED NAME OF SIGNING OFFICER OR DIRECTOR