


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90188 033 ***150.00

DOCUMENT # P03000112067		
1. Entity Name RN CUSTOM HOMES, INC.		

Principal Place of Business 2233 MADACA LANE LAND O'LAKES, FL 34639 US	Mailing Address 2233 MADACA LANE LAND O'LAKES, FL 34639 US
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50017092

2. Principal Place of Business 2233 MADACA LANE Suite, Apt. #, etc. Apt # 105 City & State LAND O'LAKES, FL Zip 34639	3. Mailing Address P.O. Box 132 Suite, Apt. #, etc. City & State LAND O'LAKES FL Zip 34639
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03172006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0296180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NISWONGER, ROBERT L JR 2233 MADACA LANE LAND O'LAKES, FL 34639	7. Name and Address of New Registered Agent Name NISWONGER, ROBERT L JR Street Address (P.O. Box Number is Not Acceptable) 2233 MADACA LANE # 105 City LAND O'LAKES FL Zip Code 34639
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D NISWONGER, ROBERT J JR 2233 MADACA LANE LAND O'LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert L Niswonger 4-25-06 (813) 318-1507