## 2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P03000118699** TERENCE M. DROZD CUSTOM HOMES, INC.



Principal Place of Business

19 SEA OAKS DRIVE ST AUGUSTINE, FL 32080 Malling Address

19 SEA OAKS DRIVE ST AUGUSTINE, FL 32080

## **FILED** Mar 30, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02022006 No Cha-P CR2E034 (11/05)

4.	FEI Number						
	36-4543692						

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytima (Trans #

5. Name and Address of Current Registered Agent

DROZD, TERENCE M 19 SEA OAKS DRIVE ST AUGUSTINE, FL 32080

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the $\rho$ ions of registered agent.	urpose of changing its registered affic	se or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, lyped or printed name of registered agent and little ?	applicable (NOTE Registered Agent s	anulsngiz	equired when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME SIREET ADDRESS COTY-ST-ZIP	PSTD DROZD, TERENCE M 19 SEA OAKS DRIVE ST AUGUSTINE, FL 32080						
TITLE NAME SIREEI ADDRESS CHY-\$1-ZP					(1885)901485124 (47)2795-80071-668 (158 <b>,0</b> 0		
TITLE HAME STREET ADDRESS GITY-S1-ZIP				DO	NOT WRITE		
THE NAME SIREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. It hereby certify that the information supplied with this filling 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.							

President