## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P03000140586 1. Entity Name 04-16-2004 90091 002 \*\*\*150.00 KOZINKO CUSTOM HOMES, INC. Principal Place of Business Mailing Address 9865 S.W. 206TH CIRCLE DUNNELLON FL 34431 94000000 9865 S.W. 206TH CIRCLE **DUNNELLON FL 34431** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 75-313 9465 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOZINKO, DONALD M- --Street Address (P.O. Box Number is Not Acceptable) 9865 S.W. 206TH CIRCLE **DUNNELLON FL 34431** Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☐ Delete TITLE Kozinko, Dougla 9065 SW. 2064 Circle KOZINKO, DONALD M NAME NAME STREET ADDRESS 9865 S.W. 206TH CIRCLE STREET ADDRESS Duniellas, FL 34431 CITY-ST-ZIP **DUNNELLON FL 34431** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE KOZINKO, NOAH NAME NAME STREET ADDRESS STREET ADDRESS TRAVES, FL 32778 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KOZINKO, CZYSTAL NAME NAME 9865 SW 206 4 Clarke STREET ADDRESS STREET ADDRESS: DUNNS 1600, FL. 34431 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

FFICER OR DIRECTOR GNATURE AND TYPED OR PRINTED N