


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000140586	
1. Entity Name KOZINKO CUSTOM HOMES, INC.	

Principal Place of Business 9865 S.W. 206TH CIRCLE DUNNELLON FL 34431	Mailing Address 9865 S.W. 206TH CIRCLE DUNNELLON FL 34431
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 75-3139465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOZINKO, DONALD M 9865 S.W. 206TH CIRCLE DUNNELLON FL 34431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOZINKO, DONALD M 9865 S.W. 206TH CIRCLE DUNNELLON FL 34431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOZINKO, DONALD 9865 SW 206TH CIRCLE DUNNELLON FL 34431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KOZINKO, NOAH 113 DELEWARE ST. TAVARES FL 32778 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS KOZINKO, CRYSTAL 9865 SW 206TH CIRCLE DUNNELLON FL 34431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000288545 04/05/05-80013-006 150.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Donald M. Kozinko **Donald M. Kozinko** 4/4/05 **(352) 489-1139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #