


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000140586</b> 1. Entity Name <b>KOZINKO CUSTOM HOMES, INC.</b>	
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Principal Place of Business <b>9865 S.W. 206TH CIRCLE DUNNELLON, FL 34431</b>	Mailing Address <b>9865 S.W. 206TH CIRCLE DUNNELLON, FL 34431</b>
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01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

<b>6. Name and Address of Current Registered Agent</b>  <b>KOZINKO, DONALD M 9865 S.W. 206TH CIRCLE DUNNELLON, FL 34431</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000893823  
02/28/08-80020-012 150.00

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

**DO NOT WRITE  
IN THIS SPACE**

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:** *Donald M. Kozinko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/08*

Date

*352-489-1139*

Daytime Phone #