2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 20, 2008 8:00 am
Secretary of State
03-20-2008 90041 026 ***158.75

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03172008 Chg-P CR2E034 (12/06)

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1. Entity Name
CUSTOM HOMES BY CHUCK BRAUN, INC.

Principal Place of Business	Mailing Address
~~1844 CLAY CT.~~ ~~DELTONA, FL 32725~~ US	~~CLAY CT.~~ ~~DELTONA, FL 32725 US~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
232 Enterprise-Osteen Rd.		P.O. Box	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Osteen, FL.		City & State: Osteen, FL.	
Zip: 32764	Country: Volusia	Zip: 32764	Country: Volusia

4. FEI Number: 20-0422167 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAUN, CHARLES M
~~1844 CLAY CT.~~
~~DELTONA, FL 32725~~

7. Name and Address of New Registered Agent

Name: Charles M. Braun
Street Address (P.O. Box Number is Not Acceptable): 232 Enterprise-Osteen Rd.
City: Osteen, FL. FL Zip Code: 32764

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: Charles M. Braun — DATE: 3/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS BRAUN, CHARLES M ~~1844 CLAY CT.~~ ~~DELTONA, FL 32725~~	☐ Delete	PVTS Charles M. Braun 232 Enterprise-Osteen Rd Osteen, FL. 32764	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAUN, CHARLES M ~~1844 CLAY CT.~~ ~~DELTONA, FL 32725~~	☐ Delete	D Charles M. Braun 232 Enterprise-Osteen Rd. Osteen, FL. 32764	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Charles M. Braun — Date: 3/18/07 — Daytime Phone #: 386-574-4734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR