

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000145432

1. Entity Name
BJ CUSTOM HOMES, INC.



Principal Place of Business

517 PAUL MORRIS DR
SUITE C4-10
ENGLEWOOD, FL 34223

Mailing Address

517 PAUL MORRIS DR
SUITE C4-10
ENGLEWOOD, FL 34223



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0474672

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BOWMAN, BERNARD J
517 PAUL MORRIS DR
SUITE C4-10
ENGLEWOOD, FL 34223

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOWMAN, BERNARD J
STREET ADDRESS 517 PAUL MORRIS DR SUITE C4-10
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE SD
NAME JONES, BILL
STREET ADDRESS 639 E DEARBORN
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000387594
01/19/06-80045-014 150.00

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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:

Bernard J Bowman Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06 941-270-2039

Date

Daytime Phone #