## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

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## Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # P04000021132** 04-22-2005 90595 001 \*\*\*150.00 04-22-2005 90595 002 \*\*\*\*\*8.75 KEITH VOLTZ CUSTOM HOMES, INC. Principal Place of Business Mailing Address 64 WEST BAY DR. 64 WEST BAY DR. COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 US 2. Principal Place of Business 53 Country C 3. Mailing Address 53 Count Suite, Apt. #, etc. 03292005 ~ Chg·P CR2E034 (10/03) Sity & State City & State 4. FEI Number Applied For 20-0682 Not Applicable \$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 VOLTZ, KEITH A Street Address (P.O. Box, Number is Not Acceptable 64 WEST BAY DR. COÇOA BEACH, FL 32931 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition VOLTZ: KEITH A NAME NAME 53 Country Club Road Cocoa Boach, FL 32931 STREET ADDRESS 64 WEST BAY DR. STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP ST Change • Delete TITLE Addition VOLTZ, MARY NAME NAME 53 Country Club Road Cocoa Beach, FL 32931 STREET ADDRESS 64 WEST BAY DR. STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Detete ΠΠF TIME ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 addires, with all other like perpowered.

OFFICER OR DIRECTOR

FILED

Osytime Phone #