2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000021132

FILED May 01, 2007 08:00 A ate

1. Entity Name KEITH VOLTZ CUSTOM HOMES, INC.					Secretary of Sta		
53 COUNTRY	e of Business CLUB ROAD CH, FL 32931 US		Mailing Address 53 COUNTRY CLUB ROAD COCOA BEACH, FL 32931 US				
\$ 1.77 g & 1.55							
D	O NOT WRITE	IN THIS S	PACE	04182007 4. FEI Numbi 20-068	er	E034 (11/05) Applied For Not Applicable	
	a' .	1		5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	% -	Programme and the second		**************************************	
VOLTZ, KEITH A 53 COUNTRY CLUB RD. COCOA BEACH, FL 32931					NOT WRIT	,	
The above the obligat SIGNATURE	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent		s registered office or reg FE: Registered Agent signature rec		th, in the State of Florida. La U000007503 05/18/07-8005 DATE	35 6-021 8.75	
FIL After Ma	E NOWI!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.	1	9. Election Campaign Financing \$5. Trust Fund Contribution. Add Add		05/18/07-8005 05/18/07-8005	35 6-020 150.00	
10.	OFFICERS AND	DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOLTZ, KEITH A 53 COUNTRY CLUB ROAD COCOA BEACH, FL 32931		<u> </u>		,		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	ST VOLTZ, MARY 53 COUNTRY CLUB ROAD COCOA BEACH, FL 32931		V V	ds 2			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	DO NOT WRITE IN THIS SPACE		
TITLE Name Street address City-St-Zip				IN .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			\$ 2 .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ь.	,		

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:

OFFICER OR DIRECTOR

Date

Daytime Phone #