

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90057 029 ***158.75

DOCUMENT # P04000041798 1. Entity Name TIMBERLAKE CUSTOM HOMES, INC.					
Principal Place of Business 10744 OSCEOLA DR NEW PORT RICHEY, FL 34654			Mailing Address 10744 OSCEOLA DR NEW PORT RICHEY, FL 34654		
2. Principal Place of Business 15506 County Line Rd		3. Mailing Address 15506 County Line Rd			
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc. Suite 204			
City & State Spring Hill, FL		City & State Spring Hill, FL			
Zip 34610		Zip 34610		4. FEI Number 20-0931600	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NESSLER, PAUL H JR 10002 CORTEZ BLVD SPRING HILL, FL 34613				7. Name and Address of New Registered Agent Name David B Graf Street Address (P.O. Box Number is Not Acceptable) 10744 Osceola Dr City New Port Richey, FL Zip Code 34654	
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 David B Graf - President <u>2/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GRAF, DAVID 10744 OSCEOLA DR NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 address, with all other like empowered.					
SIGNATURE: David B Graf - President <u>2/18/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					