

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000080372

1. Entity Name  
C & G QUALITY HOMES, INC.



Principal Place of Business  
7240 CENTERWOOD AVENUE  
SPRING HILL, FL 34606

Mailing Address  
3317 OAKRIDGE DRIVE  
SPRINGHILL, FL 34606



04112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
63-0542527

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHURKO, BARBARA  
3317 OAKRIDGE DRIVE  
SPRING HILL, FL 34606

**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 reinstating)

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 GIBSON, JOHN  
STREET ADDRESS 7476 TOUCAN TRAIL  
CITY - ST - ZIP SPRING HILL, FL 34606

TITLE STD  
NAME CHURKO, BARBARA  
STREET ADDRESS 3317 OAKRIDGE DRIVE  
CITY - ST - ZIP SPRING HILL, FL 34606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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1100000537443  
05/09/06-80019-005 150.00

**DO NOT WRITE  
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: Barbara Churko BARBARA CHURKO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2006  
Date

727-364-6090  
Daytime Phone #