

**FOR PROFIT CORP  
UNIFORM BUSINESS REPORT**

**P0400011119**

**FILED**

05 FEB 22 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P0400011119

1. Entity Name

PADGETT CUSTOM HOMES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1313 N. GADSDEN ST.

3. Mailing Address

1313 N. GADSDEN ST.

Suite, Apt. #, etc.

Tallahassee FL

Suite, Apt. #, etc.

Tallahassee FL

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32303

Country

Zip

32303

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS E. Johnston

Street Address (P.O. Box Number is Not Acceptable)

3501 Westford Dr.

City

TALL.

FL

Zip Code

32303

**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.

SIGNATURE

Thomas E. Johnston

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

(NOTE: Registered Agent signature required when reinstating)

2-22-05

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President DANNY R PADGETT 3118 Loula St Tallahassee FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT THOMAS E. Johnston 3501 Westford Dr Tallahassee, FL 32309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100047509971 03/01/05--01056--006 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Date

(850) 251-8000

Daytime Phone #

CR2E034B (12/01)