

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90027 025 ***150.00

DOCUMENT # P04000120474

1. Entity Name

DREAM CUSTOM HOMES OF CITRUS, INC.



Principal Place of Business

14109 ANGLE ROAD
HUDSON, FL 34669

Mailing Address

14109 ANGLE ROAD
HUDSON, FL 34669

DO NOT WRITE IN THIS SPACE



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1546994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURICH, MATT A
4354 TAHITI DRIVE
HERNANDO BEACH, FL 34607

**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 D
NAME BURICH, MATT A
STREET ADDRESS 4354 TAHITI DRIVE
CITY-ST-ZIP HERNANDO BEACH, FL 34607

TITLE D
NAME BURICH, BARRY J
STREET ADDRESS 14109 ANGLE ROAD
CITY-ST-ZIP HUDSON, FL 34669

TITLE D
NAME MCDERMOTT, MARK A
STREET ADDRESS 4165 TOWNSLEY DRIVE
CITY-ST-ZIP LOVELAND, OH 45140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 or without other life empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-
3-16-06 352-
352-7121