


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90030 044 \*\*\*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
---	---

50000981



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name Burich MATT A  
Street Address (P.O. Box Number is Not Acceptable)  
11537 W. Dixie Shores Drive  
City Crystal River FL Zip Code 34429

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 Matt A Burich MATT A. BURICH DATE 1-17-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	BURICH, MATT A	
STREET ADDRESS	4354 TAHITI DRIVE	
CITY-STATE-ZIP	HERNANDO BEACH, FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURICH, BARRY J	
STREET ADDRESS	14109 ANGLE ROAD	
CITY-STATE-ZIP	HUDSON, FL 34669	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDERMOTT, MARK A	
STREET ADDRESS	4165 TOWNSLEY DRIVE	
CITY-STATE-ZIP	LOVELAND, OH 45140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burich MATT A	
STREET ADDRESS	11537 W. Dixie Shores Drive	
CITY-STATE-ZIP	Crystal River, FL 34429	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDermott MARK A	
STREET ADDRESS	7378 W. Leisure Street	
CITY-STATE-ZIP	Dunellon, FL 34433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: Matt A Burich MATT A. BURICH DATE 1-17-07 352-279-6796