
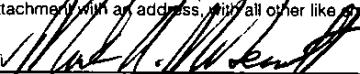


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 015 ***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		
2. Principal Place of Business - No P.O. Box # 5191 N. Pink Poppy Dr		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Beverly Hill FL		City & State		4. FEI Number 20-1546994	
Zip 34465		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURICH, MATT A 11537 W. DIXIE SHORES DRIVE CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P	NAME BURICH, MATT A <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11537 W. DIXIE SHORES DRIVE	CITY-ST-ZIP CRYSTAL RIVER, FL 34429		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME BURICH, BARRY J <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14109 ANGLE ROAD	CITY-ST-ZIP HUDSON, FL 34669		STREET ADDRESS	CITY-ST-ZIP	
TITLE V.	NAME MCDERMOTT, MARK A <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7378 W. LEISURE STREET	CITY-ST-ZIP DUNNELLON, FL 34433		STREET ADDRESS	CITY-ST-ZIP	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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TITLE 	NAME <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-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: 			MARK A. MCDERMOTT 3-10 08/352-527-7171		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40042600



03052008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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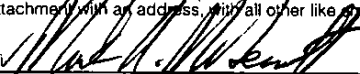
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P BURICH, MATT A <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11537 W. DIXIE SHORES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	CITY-ST-ZIP	
TITLE	D BURICH, BARRY J <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14109 ANGLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34669	CITY-ST-ZIP	
TITLE	V. MCDERMOTT, MARK A <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7378 W. LEISURE STREET	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL 34433	CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE:  **MARK A. MCDERMOTT** 3-10 08/352-527-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #