2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000166845

1. Entity Name

YATES & MATTHEW CUSTOM HOMES, INC.



2-4 CB

Principal Place of Business

100 S. PALM AVE. HOWEY IN THE HILLS, FL 34737 Mailing Address

100 S. PALM AVE. HOWEY IN THE HILLS, FL 34737 40015160

FILED

Feb 16, 2006 8:00 am

Secretary of State

02-16-2006 90064 041 ***150.00

DO NOT WRITE IN THIS SPACE

02022006 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2021967

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YATES, SANDRA J. 100 S. PALM AVE. HOWEY IN THE HILLS, FL 34737

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 Star | te of Florida. | I am familiar with, and accept |
|--|----------------|--------------------------------|
| the obligations of registered agent. | | · z + |

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

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

10. OFFICERS AND DIRECTORS TITLE YATES, CLIVE M. NAME STREET ADDRESS 9508 SERRA COURT City-St-ZIP HOWEY IN THE HILLS, FL 34737 TITLE YATES, SANDRA J. NAME STREET ADDRESS 9508 SERRA COURT CITY-ST-ZIP HOWEY IN THE HILLS, FL 34737 TITLE HÜLBERT, MATTHEW E. NAME 203 E. CROTON WAY STREET ADDRESS CITY-ST-ZIP HOWEY IN THE HILLS, FL 34737 TITLE HULBERT, SHAWNA L. NAME STREET ADDRESS 203 E. CROTON WAY HOWEY IN THE HILLS, FL 34737 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED HARRE OF SIGNII

2-2-2006

352 324.2302

Daytime Phone