## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Mar 10, 2006 8:00 am

DOCUMENT # P05000005722  1. Entity Name  JACK BARTLETT CUSTOM HOME CREATIONS, INC.					03-10-2006 90016 020 ***150.00			
Principal Place of Business Mailing Address 11438 HAMMOCK OAKS COURT LITHIA, FL 33547 US Mailing Address 11438 HAMMOCK OAKS COU				ļ			<b>5000138</b>	1
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2. Principal Place of Business		16528 N. Dale Mobry Hwy		Jwy	]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	,		01192006	Chg-P	CR2E034 (11/05)	
City & State		City & State Tampa, Florida			4. FEI Numbe 33 - 11 0	8904	No	oplied For ot Applicable
Zip	Country	33618	Country 223		<u> </u>	of Status Desired	S8.75 Add Fee Require	ditional ed
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered Agent	
SANDERS, WALTER S 16528 NORTH DALE MABRY HWY				Name Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33618 ·							<del></del>	
			City				FL Zip Cod	le
	named entity submits this statement for	or the purpose of changing i	ts registered office	or register	red agent, or bot	n, in the State of Fl	lorida. I am familiar with,	and accept
·	ions of registered agent.	11/2/402 5	Tan dens				0/1-/01	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Agent sign	ature required	when reinstating)		DATE	<del></del>
EII		• Flories Com		**				<u></u> -
	E NOW!!!  FEE IS \$150.00 ay 1, 2006 Fee will be \$550.		paign Financing ntribution, [		.00 May Be ed to Fees			
		00 Trust Fund Co			ed to Fees	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11
After Ma	ay 1, 2006 Fee will be \$550.  OFFICERS AND	00 Trust Fund Co	ntribution. E		ed to Fees	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
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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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE: