

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000037923

Entity Name: BOLT CUSTOM HOMES, INC.

FILED  
Nov 25, 2008  
Secretary of State

## Current Principal Place of Business:

17465 DUQUESNE RD  
FT MYERS, FL 33912 US

## New Principal Place of Business:

6795 BROKEN ARROW RD  
FT MYERS, FL 33912 US

## Current Mailing Address:

17465 DUQUESNE RD  
FT MYERS, FL 33912 US

## New Mailing Address:

6795 BROKEN ARROW RD  
FT MYERS, FL 33912 US

FEI Number: 56-2565756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOLT, CHERYL B  
17465 DUQUESNE RD  
FT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

BOLT, CHERYL B  
6795 BROKEN ARROW RD  
FT MYERS, FL 33912 US

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.

SIGNATURE: CHERYL BOLT

11/25/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOLT, WILLIAM T  
Address: 17465 DUQUESNE RD  
City-St-Zip: FT MYERS, FL 33912 US

Title: P ( ) Delete  
Name: BOLT, WILLIAM K  
Address: 6735 BROKEN ARROW DR  
City-St-Zip: FT MYERS, FL 33912 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOLT, WILLIAM T  
Address: 6795 BROKEN ARROW  
City-St-Zip: FT MYERS, FL 33912 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: WILCOX, MICHAEL  
Address: 6795 BROKEN ARROW RD  
City-St-Zip: FT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T BOLT

P

11/25/2008

Electronic Signature of Signing Officer or Director

Date