

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90058 012 ***150.00

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1. Entity Name
O. H. ROBERTS III CUSTOM HOME BUILDERS, INC.



Principal Place of Business
38929 CR 44 A
UMATILLA, FL 32784

Mailing Address
P.O. BOX 1012
EUSTIS, FL 32727-1012

94037839

DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3170382 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, O.H. III
38929 CR 44 A
UMATILLA, FL 32784

**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 State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTS, O. H. III
STREET ADDRESS	38929 CR 44 A
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	VP
NAME	ROBERTS, CHAD B
STREET ADDRESS	38929 CR 44 A
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	S
NAME	ROBERTS, RYAN M
STREET ADDRESS	38929 C.R 44 A
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	T
NAME	ROBERTS, RANEE B
STREET ADDRESS	38929 CR 44A
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *O.H. Roberts III* **O.H. ROBERTS III** **3-25-04** **352-669-9595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #