

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000007642  
1. Entity Name  
O. H. ROBERTS III CUSTOM HOME BUILDERS, INC.



Principal Place of Business      Mailing Address  
38929 CR 44 A                      P.O. BOX 1012  
UMATILLA, FL 32784              EUSTIS, FL 32727-1012



01122006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**NOT APPLICABLE**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000528634  
05/05/06-80025-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: O.H. Roberts III      O.H. ROBERTS III      4-20-06      352-669-7575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #