


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000007642

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

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000842750
 03/11/08-80030-016 150.00

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	

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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: O.H. ROBERTS III **O.H. ROBERTS III** 2-24-08 352-669-8595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #