2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2005 08:00 AM Secretary of State DOCUMENT # P93000023808 1. Entity Name CUSTOM HOMES BY E.M. KOLB CONSTRUCTION, INC. Mailing Address Principal Place of Business 9418 BOXTHORN PLACE 9418 BOXTHORN PLACE **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0409643 Not Applicable Country Ζłρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACKEY, CATHERINE Z Street Address (P.O. Box Number is Not Acceptable) 1402 THIRD AVENUE WEST **BRADENTON FL 34205** City Zip Code 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 teamtered agont and title if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campalgn Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete Change KOLB, EDWARD M III NAME 9418 BOXHORN PLACE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE U00000244105 Change C 02/26/05-80007-012 150.00 KOLB, NANETTE NAME NAME 9418 BOXTHORN PL. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Change Addition TITLE ☐ Delete NAMI NIKLA, CAROLE L NAME STREET ADDRESS STREET ADDRESS 9418 BOXTHORN PLACE CHY-SI-ZP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Crty-St-7IP CITY-ST-ZIP ☐ Change Addition Delete THE DDF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

CITY-ST-ZIP

FILED