


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90028 044 \*\*\*150.00

DOCUMENT # P93000026131  
 1. Entity Name  
 AR CUSTOM HOMES, INC.



Principal Place of Business      Mailing Address  
 13922 58TH STREET NORTH      13922 58TH STREET NORTH  
 CLEARWATER, FL 33760 US      CLEARWATER, FL 33760 US

**DO NOT WRITE IN THIS SPACE**



03242008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3181134      Not Applicable

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

6. Name and Address of Current Registered Agent  
 WEINER, ALAN  
 13922 58TH STREET NORTH  
 CLEARWATER, FL 33760

**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 \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | D                       |
| NAME           | RUTENBERG, ARTHUR       |
| STREET ADDRESS | 13922 58TH ST. NORTH    |
| CITY-ST-ZIP    | CLEARWATER, FL 33760    |
| TITLE          | S                       |
| NAME           | BURTON, JOANNE          |
| STREET ADDRESS | 13922 58TH ST NORTH     |
| CITY-ST-ZIP    | CLEARWATER, FL 33760    |
| TITLE          | EVP                     |
| NAME           | WEINER, ALAN            |
| STREET ADDRESS | 13922 58TH ST NORTH     |
| CITY-ST-ZIP    | CLEARWATER, FL 33760    |
| TITLE          | T                       |
| NAME           | JORDAN, PETER           |
| STREET ADDRESS | 13922 58TH STREET NORTH |
| CITY-ST-ZIP    | CLEARWATER, FL 33760    |
| 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #