

**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  
13922 58TH STREET NORTH  
CLEARWATER, FL 33760 US

Mailing Address  
13922 58TH STREET NORTH  
CLEARWATER, FL 33760 US



03242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3181134	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**

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 \_\_\_\_\_  
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, 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	

**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 recorder 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 # \_\_\_\_\_