


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000015258
 1. Entity Name
CARROLL CUSTOM HOMES OF FLORIDA, INC.



Principal Place of Business Mailing Address
6277 PENNA ST **6277 PENNA ST**
SPRING, FL 34609 US **SPRING HILL, FL 34609 US**

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3226804 Not Applicable

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

6. Name and Address of Current Registered Agent
CARROLL, THOMAS E
6277 PENNA ST
SPRING HILL, FL 34609

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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, 2004 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	DPST CARROLL, THOMAS E 6277 PENNA ST SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, HENRY M III 10349 RAINBOW OAKS DR HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROSNAN, DENISE M 6277 PENNA ST SPRING HILL, FL
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 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: THOMAS E CARROLL, PRES. 3/15/04 352 597-4440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #