


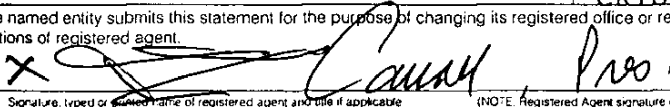
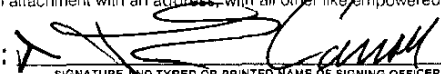
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 047 ***150.00

40023428



DOCUMENT # P94000015258			
1. Entity Name CARROLL CUSTOM HOMES OF FLORIDA, INC.			
Principal Place of Business 7139 MARINER BLVD SPRING, FL 34609 US		Mailing Address 7139 MARINER BLVD SPRING, FL 34609 US	
2. Principal Place of Business - No P.O. Box # 6277 PENNA STREET		3. Mailing Address 6277 PENNA STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL FL		City & State SPRING HILL FL	
Zip 34609	Country	Zip 34609	Country
6. Name and Address of Current Registered Agent CARROLL, THOMAS E 7139 MARINER BLVD SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2030 S SCHOONER DRIVE City CRYSTAL RIVER FL 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:  Pres. DATE: 2/22/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CARROLL, THOMAS E 7139 MARINER BLVD SPRING HILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2030 SCHOONER DR CRYSTAL RIVER FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOWARD, HENRY M III 10349 RAINBOW OAKS DR HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROSNAN, DENISE M 7139 MARINER BLVD SPRING HILL, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  THOMAS CARROLL		Date: 2/22/07. Daytime Phone #: (352) 585-6223	