

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006267

FILED
Apr 24, 2009
Secretary of State

Entity Name: C & R CUSTOM HOMES & RENOVATIONS, INC.

Current Principal Place of Business:

109 MAY FAIR LANE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P O BOX 2295
PONTE VEDRA BEACH, FL 322042295

New Mailing Address:

FEI Number: 59-3359872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAIN, RICHARD
109 MAYFAIR LANE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAIN, JANET
Address: 109 MAYFAIR LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V () Delete
Name: CAIN, RICHARD
Address: 109 MAYFAIR LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VS () Delete
Name: LANCASTER, ANITA
Address: 5129 OTTER CREEK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VT () Delete
Name: MAY, MELISSA
Address: 5972 COUNTY ROAD 209 S
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD CAIN

V

04/24/2009

Electronic Signature of Signing Officer or Director

Date