## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P96000009788**

1. Entity Name CUSTOM HOMES BY C & J, INC.

FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

8060 SPENDTHRIFT LANE PORT SAINT LUCIE, FL 34986 Mailing Address

8060 SPENDTHRIFT LANE PORT SAINT LUCIE, FL 34986



02262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0668422

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L 1595 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office or	registered agent, or bo	oth, in the State of Florida. I am famillar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title in	f applicable. (NOTE: Registered Agent signals	re required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE	D			
NAME	TELESE, JOSEPH A JR			100000651618
STREET ADDRESS	8060 SPEND THRIFT LANE	i	03	- U00000651618 8/09/07-80014-021 150.00
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986			
TITLE	Т			
NAME	HARLESS, RONALD			
STREET ADDRESS	508 AZALEA AVE			
CITY-ST-ZIP	FORT PIERCE, FL 34982			
TITLE	S	·		
NAME	TELESE, CATHY			
STREET ADDRESS	8060 SPEND THRIFT LANE		DO.	NOT WOITE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	<b>!</b>	טט	NOT WRITE
TITLE	VP		INI '	THIC CDACE
NAME	GENTER, BRAD		11/	THIS SPACE
STREET ADDRESS	1771 AIROSO BLVD			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		•	
TITLE				
NAMÉ		į.		
STREET ADDRESS				
CITY-ST-ZIP				

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: Sosel Teles

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2/20/07

(772)465-6102