

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90289 042 \*\*\*150.00

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04132005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P96000028386</b> 1. Entity Name <b>SCHWARZE CUSTOM BUILDERS, INC.</b>					
Principal Place of Business <b>218-A E EAU GALLIE BLVD, SUITE 100 INDIAN HARBOUR BEACH, FL 32937</b>				Mailing Address <b>218-A E EAU GALLIE BLVD, SUITE 100 INDIAN HARBOUR BEACH, FL 32937</b>	
2. Principal Place of Business <b>794-C St Clair St</b> Suite, Apt. #, etc.		3. Mailing Address <b>794-C St Clair St</b> Suite, Apt. #, etc.			
City & State <b>Melbourne, FL</b> Zip Country <b>32935 US</b>		City & State <b>Melbourne, FL</b> Zip Country <b>32935 US</b>		4. FEI Number <b>59-3377082</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>SCHWARZE, ERIC D 218-A E EAU GALLIE BLVD, SUITE 100 INDIAN HARBOUR BEACH, FL 32937</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>794-C St Clair St</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32935</b>					
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SCHWARZE, ERIC D 218-A E EAU GALLIE BLVD, SUITE 100 INDIAN HARBOUR BEACH, FL 32937 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SCHWARZE, ERIC D. 794-C St Clair St Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRALEY, WILLIAM T 218A E EAU GALLIE BLVD STE 100 INDIAN HARBOUR BEACH, FL 32937 <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	
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 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.					
<b>SIGNATURE:</b> <u>Eric D. Schwarze</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/20/05</u> <u>321-537-1760</u> <small>Date Daytime Phone #</small>		