2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 05, 2007 8:00 am **Secretary of State** DOCUMENT # P96000064664 02-05-2007 90145 001 ***300.00 1. Entity Name DONNA LYNNE CUSTOM HOMES, INC. Principal Place of Business Mailing Address 474423 E STATE RD 200 474423 E STATE RD 200 66000748 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL. 32034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 474425 East S.R. 200 474425 East S.R. Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-3391975 Not Applicable Fernandina Beach, <u>Fernandina</u> Beach, FL Country \$8.75 Additional Zip Country 5. Certificate of Status Desired US 32034 US Fee Required 32034 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POOLE, WESLEY R Street Address (P.O. Box Number is Not Acceptable) 303 CENTRE STREET SUITE 200 FERNANDINA BEACH, FL 32034 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE **€**Change ☐ Addition VANPUYMBROUCK, ROBERT L NAME NAME 4227 EAST STATE ROAD 200 STREET ADDRESS STREET ADDRESS 474425 East S.R. 200 CITY-ST-ZIP LYONS, IN 47443 CITY-ST-7IP <u>Fernandina Beach, FL</u> 32034 D ☐ Delete K KChange noitibbA TITI F TITLE VANPUYMBROUCK, DONNA L NAME NAME STREET ADDRESS 4227 EAST STATE ROAD 200 STREET ADDRESS 474425 East S.R. 200 CITY-ST-ZIP LYONS, IN 47443 CITY-ST-7IP Fernandina Beach, FL 32034 ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Van

Delete

☐ Change

☐ Addition

FILED