2007 FOR PROFIT CORPORATION

Mar 22, 2007 8:00 am Secretary of State ANNUAL REPORT 03-22-2007 90015 014 ***150.00 DOCUMENT # P96000086137 1. Entity Name PACKARD CUSTOM BUILDERS, INC. 60027487 Principal Place of Business Mailing Address **5880 SHIRLEY ST** 1270 11TH STREET N. NAPLES, FL 34109 NAPLES, FL 34102 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0701693 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PACKARD, TIMOTHY N Street Address (P.O. Box Number is Not Acceptable) 1270 11TH STREET N. NAPLES, FL 34102 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition PACKARD, TIMOTHY N NAME NAME 1270 11TH STREET N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 3410 2 Delete TITLE TITLE Change . ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this time does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplimental 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 attachmen

SIGNATURE:

G OFFICER OR DIRECTOR

Daytime Phone 6

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT #P96000086137 1. Entity Name PACKARD CUSTOM BUILDERS, INC.				711	ACHMENT
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Principal Place of Business Mailing Address 5880 SHIRLEY ST 1270 11TH STREET N.		v.		4	
NAPLES, FL 34109 US NAPLES, FL 34102 US				60	027487
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E034 (12/06)
City & State		City & State	City & State		Applied For Not Applicable
Zip	Country	Zip	Country	65-0701693 5. Certificate of Status Desired	\$9.75 Additional
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of Nev	
DVCKVDL	TIMOTHY N		Name		
PACKARD, TIMOTHY N 1270 11TH STREET N. NAPLES, FL 34102			Street Addre	ess (P.O. Box Number is Not Accepte	ıble)
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			City		FL Zip Code
8. The above the obligation	tions of registered agent.				Florida. I am familiar with, and accept
	Signature, typed or printed name of registered	agent and little if applicable. (NO	TE: Registered Agent signature re-	quired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$5			\$5.00 May Be Added to Fees	
10.		AND DIRECTORS	11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 11
TITLE NAME	P/T PACKARD, TIMOTHY N	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS	1270 11TH STREET N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 3410 2		CITY-ST-ZIP		
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NAME STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
12. I hereby indicated of the col	d on this report or supplemental rep	ort is true and accurate and that	or the exemptions containly signature shall have	the same legal effect as if made und	s. I further certify that the information er oath; that I am an officer or director ame appears in Block 10 or Block 11 if
SIGNAT		333, WILL AN OUTOF TIKE SEPURCHE	JPY.		
	SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Dale	Daytime Phone #