## ~ 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 14, 2006 08:00 Al Secretary of State DOCUMENT # P96000104548 NAPLES CUSTOM BUILDERS, INC. Principal Place of Business Mailing Address 300 5TH AVE. SOUTH, #227 300 5TH AVE. SOUTH, #227 NAPLES, FL 34102 NAPLES, FL 34102 No Cha-P 02262006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3419432 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLIOTT, BRIAN M DO NOT WRITE 300 5TH AVE. SOUTH, #227 NAPLES, FL 34102 IN THIS SPACE 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 NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ELLIOTT, BRIAN M NAME STREET ADDRESS 300 5TH AVE, SOUTH, #227 110000**0503329** 04/28/06-80040-010 150.00 CITY-ST-ZIP NAPLES, FL 34102 TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP NAME

indicated on this report or supplied with this right coes not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 attachagent with an address, with all other like empowered. 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR