


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000018224 1. Entity Name GARNER CUSTOM HOMES, INC.		
Principal Place of Business 9760 FAIRWAY CIRCLE LEESBURG, FL	Mailing Address 9760 FAIRWAY CIRCLE LEESBURG, FL	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARNER, JAMES R 9760 FAIRWAY CIRCLE LEESBURG, FL		DO NOT WRITE 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: <i>James R. Garner</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARNER, JAMES R POST OFFICE BOX 490873 LEESBURG, F; 34788	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARNER, JOHN R 3665 BRANCH AVENUE MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARNER, SUZANNE POST OFFICE BOX 490873 LEESBURG, FL 34788	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: <i>James R. Garner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3442985

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000186139
01/21/05-80039-014 150.00