

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**

**FILED  
Jan 23, 2006 8:00 am  
Secretary of State**

01-23-2006 90107 011 \*\*\*150.00



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3442985	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GARNER, JAMES R  
STREET ADDRESS POST OFFICE BOX 490873  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE V  
NAME GARNER, JOHN R  
STREET ADDRESS 3665 BRANCH AVENUE  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE ST  
NAME GARNER, SUZANNE  
STREET ADDRESS POST OFFICE BOX 490873  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: *James R. Garner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

352-267-6747

Date

Daytime Phone #