

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-23-2006 90107 011 ***150.00

DOCUMENT # P97000018224 1. Entity Name GARNER CUSTOM HOMES, INC.	
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Principal Place of Business 9760 FAIRWAY CIRCLE LEESBURG, FL	Mailing Address 9760 FAIRWAY CIRCLE LEESBURG, FL
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3442985	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARNER, JAMES R 9760 FAIRWAY CIRCLE LEESBURG, FL
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARNER, JAMES R POST OFFICE BOX 490873 LEESBURG, F; 34788
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	

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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* 1/17/06 352-267-6747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #