

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90019 037 ***150.00

DOCUMENT # P98000009608

1. Entity Name
GENE CLAXTON CUSTOM HOMES, INC.



Principal Place of Business
5652 TIMUGUANA RD
JACKSONVILLE, FL 32210

Mailing Address
5652 TIMUGUANA RD
JACKSONVILLE, FL 32210

40005514



2. Principal Place of Business
5652 Timuguana Rd.
Suite, Apt. #, etc.

3. Mailing Address
5652 Timuguana Rd.
Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State
Jacksonville, FL
Zip
32210
Country

City & State
JACKSONVILLE, FL
Zip
32210
Country

4. FEI Number
59-3490916
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLAXTON, ANGELA
5652 TIMUGUANA RD
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLAXTON, EUGENE	
STREET ADDRESS	3821 ELDRIDGE AVE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CLAXTON, ANGELA	
STREET ADDRESS	5652 TIMUGUANA RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	CUTTS, JUDSON	
STREET ADDRESS	2227 EAGLES NEST RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAXTON, ANGELA	
STREET ADDRESS	5652 TIMUGUANA Rd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cutts, Judson	
STREET ADDRESS	2227 EAGLES NEST Rd.	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 (ke) empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05 (904) 777-8744