2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 05, 2007 8:00 am Secretary of State **DOCUMENT # P98000009608** 07-05-2007 90060 026 ***150.00 GENE CLAXTON CUSTOM HOMES, INC. Principal Place of Business Mailing Address 5652 TIMUQUANA RD 5652 TIMUQUANA RD 402-JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 2. Principal Place of Business - No P.O. Box # 1560 WardIS PI. W 3. Mailing Address 1560 Mardis A.W Suite, Apt. #, etc. Suite, Apt. #, etc. 07022007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number acksonuille. Jackson 59-3490916 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name CLAXTON, ANGELA Street Address (P.O. Box Number is Not Acceptable) 5652 TIMUQUANA RD JACKSONVILLE, FL. 32210 Cit Tackson ville 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. | am familiar with, and accept the obligations of registered agent SIGNATURI trure, typed or printed name of regretered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Delete TITLE Addition NAME CLAXTON, ANGELA MARKE 1560 Maidis Pl. W 5652 TIMUQUANA RD STREET ADDRESS STREET ADORESS Jacksonville, FL JACKSONVILLE, FL 32210 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE **CUTTS, JUDSON** NAME NAME STREET ADDRESS STREET ADDRESS 2227 EAGLES NEST RD CITY-ST-ZIP JACKSONVILLE, FL 32246 CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 chment with an address all other like emp **SIGNATURE**

E OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #