
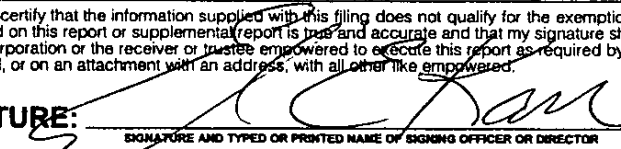


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90001 004 ***150.00

DOCUMENT # P98000015348 1. Entity Name CUSTOM HOME PLACE, INC.			
Principal Place of Business 22 PARK PLACE PANAMA CITY BEACH, FL 32413		Mailing Address 22 PARK PLACE PANAMA CITY BEACH, FL 32413	
2. Principal Place of Business 4225 BRANNON RD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 659 Suite, Apt. #, etc.	
City & State Panama City FL		City & State LYNN HAVEN FL	
Zip 32404		Zip 32444	
Country FLA		Country FLA	
6. Name and Address of Current Registered Agent SMITH, EVELINA E 22 PARK PLACE PANAMA CITY BEACH, FL 32413		7. Name and Address of New Registered Agent Name EVELINA E. KARR Street Address (P.O. Box Number is Not Acceptable) 4225 BRANNON RD City Panama City FL Zip Code 32404	
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  DATE 7-31-06 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP SMITH, EVELINA E 22 PARK PLACE PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP/S/T KARR, EVELINA E 4225 BRANNON RD PANAMA CITY FL 32404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T KARR, WALTER H 22 PARK PLACE PANAMA CITY BEACH, FL 32413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 7-31-06 Daytime Phone # 850-527-1302	