


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90021 003 \*\*\*150.00

**DOCUMENT # P98000053701**

1. Entity Name  
**GORHAM CUSTOM BUILDERS OF FLORIDA, INC.**



Principal Place of Business      Mailing Address

1939 EBBTIDE CT      1939 EBBTIDE CT  
AMELIA ISLAND, FL 32034      AMELIA ISLAND, FL 32034

2. Principal Place of Business      3. Mailing Address

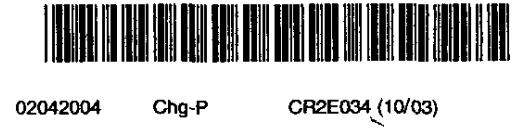
1276 Quattlefield Rd      PO Box 15337  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Amelia Island FL      Amelia Island FL

Zip      Country      Zip      Country

32034      USA      32035      USA



4. FEI Number      Applied For

59-3518444      Not Applicable

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

6. Name and Address of Current Registered Agent

MCCARROLL, LORIE L C.P.A.  
2334 E. STATE RD. 200  
#300  
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name: Gorham, John S  
Street Address (P.O. Box Number is Not Acceptable): 1276 Quattlefield Rd  
City: Amelia Island FL      Zip Code: 32034

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]*      John S Gorham      2-4-04

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	GORHAM, JOHN S	
STREET ADDRESS	1939 EBBTIDE CT	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gorham, John S	
STREET ADDRESS	1276 Quattlefield Rd	
CITY-ST-ZIP	Amelia Island FL, 32034	
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)(f), 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: *[Signature]*      2-4-04 (904) 545-0475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #