
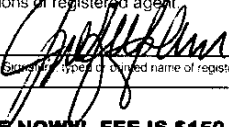
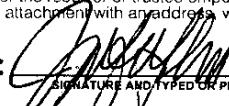


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90003 008 ***150.00

DOCUMENT # P98000053701			
1. Entity Name GORHAM CUSTOM BUILDERS OF FLORIDA, INC.			
Principal Place of Business 1276 QUATTLE FIELD RD. AMELIA ISLAND, FL 32034		Mailing Address P.O. BOX 15337 AMELIA ISLAND, FL 32035	
2. Principal Place of Business 4935 Leeshore Ln		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Amelia Island FL		City & State	
Zip 32034	Country USA	Zip	Country
6. Name and Address of Current Registered Agent GORHAM, JOHN S 1276 QUATTLE FIELD RD. #300 FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4935 Leeshore Ln City Fernandina Beach 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:  DATE: 3.17.06			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GORHAM, JOHN S 1276 QUATTLEFIELD RD. 4935 Leeshore Ln AMELIA ISLAND, FL 32034 <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
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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:  JOHN S. GORHAM		Date: 3.17.06	Daytime Phone #: (904) 545-0475



03152006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3518444 Applied For Not Applicable

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

3.17.06

(NOTE: Registered Agent signature required when reinstating)

DATE