

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 010 ***158.75



DOCUMENT # P98000053701
 1. Entity Name
 GORHAM CUSTOM BUILDERS OF FLORIDA, INC.

Principal Place of Business
 4935 LEASHORE LN
 AMELIA ISLAND, FL 32034

Mailing Address
 4935 LEASHORE LN
 AMELIA ISLAND, FL 32034

2. Principal Place of Business - No P.O. Box #
 960185 Gateway Blvd
 Suite, Apt. #, etc.
 Suite 201

3. Mailing Address
 960185 Gateway Blvd
 Suite, Apt. #, etc.
 Suite 201

City & State
 Fernandina Beach FL

City & State
 Fernandina Beach, FL

Zip
 32034

Country
 USA

Zip
 32034

Country
 USA

4. FEI Number
 59-3518444

Applied For
 Not Applicable

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

01092008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent

GORHAM, JOHN S
 4935 LEESHORE LN
 FERNANDINA BEACH, FL 32034

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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 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
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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 Gorham 1/14/08 904-545-0475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #