
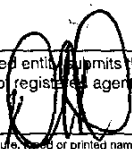
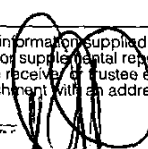


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90006 009 \*\*\*150.00

<b>DOCUMENT # P99000032142</b> 1. Entity Name <b>HAMEL CUSTOM BUILDERS CORP.</b>			
Principal Place of Business <b>9076 BAY HARBOUR CIR WEST PALM BEACH, FL 33411</b>		Mailing Address <b>9076 BAY HARBOUR CIR WEST PALM BEACH, FL 33411</b>	
2. Principal Place of Business <b>2203 PRAIRIEVIEW DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>2203 PRAIRIEVIEW DR</b> Suite, Apt. #, etc.	
City & State <b>LOXAHATCHEE FL</b>		City & State <b>LOXAHATCHEE FL</b>	
Zip <b>33470</b>		Zip <b>33470</b>	
Country <b>PAIM BCHA</b>		Country <b>PAIM BCHA</b>	
6. Name and Address of Current Registered Agent <b>HAMEL, DAVID 9076 BAY HARBOUR CIR WEST PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name <b>DAVID B HAMEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2203 PRAIRIEVIEW DR</b> City <b>LOXAHATCHEE</b> <b>FL</b> Zip Code <b>33470</b>	
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  <b>DAVID B HAMEL PRESIDENT</b> <b>5/17/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>HAMEL, DAVID</b> STREET ADDRESS <b>9076 BAY HARBOUR LN</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Delete	TITLE <b>PRESIDENT</b> NAME <b>DAVID B HAMEL</b> STREET ADDRESS <b>2203 PRAIRIEVIEW DR LOXAHATCHEE FL</b> CITY-ST-ZIP <b>33470</b>	<input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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:  <b>DAVID B HAMEL</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>5/17/04</b> <b>202-4853</b> <small>Date Daytime Phone #</small>	

54055231



03072003 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0917567  
Applied For  
Not Applicable

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