## 2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM CUMENT # V62252 **Secretary of State** F RIDIAN CUSTOM HOMES, INC. Pt Place of Business Mailing Address 3425 GREENVILLE STREET REENVILLE STREET COCOA FL 32926 US Oil AFL 32926 oal Place of Business 2. Mailing Address <u>, Apt.</u> ∉, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) State City & State Applied For 4. FEI Number 59-3140345 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWHON, STEVEN D. 3425 GREENVILLE STREET Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32926 City Zip Code 8 bove named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept igations of registered agent. Si Signature, typed or printed name of registered agent and title if applicable (NOTE Registored Agent signature required when reinstalling) TILE NOW!!! FEE IS \$150,00 Uler May 1, 2006 Fee Will Be \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees BESCK Payable to Florida Department of State M 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE ☐ Detete TITLE ☐ Change ☐ Addition MAA LAWHON, STEVEN D. MAME STR 3425 GREENVILLE ST STREET AGORESS U00000397216 GIT COCOA FL CITY - ST - ZIP 01/30/06-80040-022 150.00 THE Delete TITLE ☐ Change Addition NAA NAME STR STREET ADDRESS CUTY C27Y -ST- ZIP nıc Delote 🔲 TITLE ☐ Change ☐ Addition NAM NAME STR STREET ADDRESS CID CITY-ST-ZIP 3113 Delete ☐ Change Addition NAN NAME STRE STREET ADDRESS CITY CITY -ST-ZIP πu ☐ Delete TITLE ☐ Change Addition 22422 NAME STRE STREET ADDRESS CITY CITY-ST-21P FITLE Delete DITE ☐ Change Addition NAM NAME

MATURE: Steven D. Fawhon Steven D. Lawhon 1/19/06 321-633-006.

STREET ADDRESS

State on this report or supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information safe 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 to 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 periods.

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