## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2008 08:00 AM Secretary of State

<del>,</del>	711114771	·····	•	-	Secretary of Sta
DOCUMENT # P00000098031  1. Entity Name FLORIDA CUSTOM CONTRACTING, INC.				Secretary or Sta	
Principal Place of Business         Mailing Address           9524 NORTH TRASK ST         P 0 BOX 17334           TAMPA, FL 33624         TAMPA, FL 33682					
		1AMPA, FL 33062			
	antonio e poi i			01112008 No Chg-P CR2E034 (11/05)	
	OO NOT WRITE	IN THIS SPA	(CE	4. FEI Numb 59-367	74777 Not Applicable
, '				5. Certificate	e of Status Desired See Required Fee Required
	6. Name and Address of Current Re	gistered Agent		, .	
	ON BUSINESS SERVICES INC LETCHER AVE FL 33612				NOT WRITE THIS SPACE
8. The above	a named entity submits this statement for th	e purpose of changing its registe	ered office or register	red agent, or bo	oth, in the State of Florida. I am familiar with, and accept
the obliga	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registe	ered Agent signature required	d when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				.00 May Be led to Fees	U00000780765 01/15/08-80008-005 150.00
10.	OFFICERS AND DI	RECTORS			
TITLE	DPST				·
NAME STREET ADDRESS	DOLL, HENRY P 507 SOVEREIGN COURT		,		
CITY - ST - ZIP	TAMPA, FL 33613		,		
TIFLE	1 12 12 1				
NAME					
STREET ADDRESS			*		
CITY-ST-ZIP			_		
TITLE NAME					• •
STREET ADDRESS				DO	NOT WRITE
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indicated of the co	d on this report or supplemental report is tru rporation or the receiver or trustee empower	ue and accurate and that my sign ered to execute this report as req	nature shall have the	same legal effe	<ol> <li>Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if</li> </ol>
changed	, or on an attachment with an address, with	n all other like empowered.			

SIGNATURE: SIGNATURE: SIGNATURE NIL TOPO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Date OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #