


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G54445 1. Entity Name CUSTOM CARPENTRY, INC.																																																					
Principal Place of Business C/O GORDON W. HARRIS 4365 S.W. 53 AVE. DAVIE FL 33314			Mailing Address C/O GORDON W. HARRIS 4365 S.W. 53 AVE. DAVIE FL 33314																																																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																		
4. FEI Number 59-2370786				Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent HARRIS, GORDON W 4365 S.W. 53 AVE. DAVIE FL 33314			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> PD HARRIS, GORDON W 4365 SW 53 AVE. DAVIE FL </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, GORDON W 4365 SW 53 AVE. DAVIE FL	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> U00000493841 04/20/06-80022-019 150.00 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000493841 04/20/06-80022-019 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, GORDON W 4365 SW 53 AVE. DAVIE FL	<input type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000493841 04/20/06-80022-019 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add																																																			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gordon W. Harris* 4/3/06 - 954-593-161