

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90117 043 ***150.00

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 - No P.O. Box #

4701 Orange Dr

3. Mailing Address

P.O. Box 803

Suite, Apt. #, etc.

Bldg 12

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

LORIDA, FL.

Zip

33314

Country

Broward

Zip

33857

Country

HIGHLANDS

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2370786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HARRIS, GORDON W
4365 S.W. 53 AVE.
DAVIE FL 33314

4701 Orange Dr
DAVIE, FL 33314

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

Signature, typed or printed name of new registered agent and state if applicable.

(NOTE: Registered Agent signature required when nonattesting.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME HARRIS, GORDON W
STREET ADDRESS 4365 SW 53 AVE - 4701 Orange Dr
CITY-ST-ZIP DAVIE, FL 33314

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08

954-850-1912

Date

Daytime Phone #