## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # J09856 1. Entity Name ELFRINK CUSTOM CONSTRUCTION, INC.



**FILED** Apr 04, 2008 08:00 A Secretary of State

Principal Place of Business

OVIEDO, FL 32765

Mailing Address

**ELFRINK CUSTOM CONSTRUCTION INC** 726 ONSLOW AVE

**ELFRINK CUSTOM CONSTRUCTION INC** PO BOX 621756

OVIEDO, FL 32762



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CR2E034 (11/05) 04012008 No Chg-P 4, FEI Number Applied For 59-2666685 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELFRINK, CHRISTOPHER L. 726 ONSLOW AVE. **OVIEDO, FL 32765** 

CITY-ST-ZIP TITLE NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

			A-549-4-1	<b>《主译集》。</b>		全部方:	
	named entity submits this statement for the p ions of registered agent.	urpose of changing its rep	gistered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and ac	cept	
SIGNATURE_	Signature, typed or printed name of registered agent and little	applicable (NOTE: A	logislored Agent signeture	required when reinstating)	DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS		Management of the second			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELFRINK, CHRISTOPHER L. 726 ONSLOW OVIEDO, FL						
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TITLE NAME STREET ADDRESS					<u> </u>		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contain indicated on this report or supplemental report is true and accurate and that my signature shall have the corporation or the receiver or trustee empowered to execute this report as required by Chapter to the corporation of the receiver or trustee empowered to execute this report as required by Chapter to the corporation of the receiver or trustee empowered to execute this report as required by Chapter to the corporation of the receiver or trustee. changed, or on an attachment with an address

SIGNATURE:

utes. I further certify that the information