

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # J93317

1. Entity Name

CUSTOM BUILT DOCKS INCORPORATED



Principal Place of Business

% NINA LEGGETT
14 ASTON CIRCLE
ORMOND BEACH FL 32174

Mailing Address

% NINA LEGGETT
14 ASTON CIRCLE
ORMOND BEACH FL 32174



1st MOORE

CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2845095

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LEGGETT, NINA
14 ASTON CIRCLE
ORMOND BEACH FL 32174

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LEGGETT, GARY
STREET ADDRESS 14 ASTON CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE P ☐ Delete
NAME LEGGETT, GARY
STREET ADDRESS 14 ASTON CIRCLE
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE VPD ☐ Delete
NAME LEGGETT, DEAN
STREET ADDRESS 14 LAKEVIEW CIRCLE
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE VPD ☐ Delete
NAME MARTIN, SHAWN
STREET ADDRESS 1144 WOODSIDE DR
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ST ☐ Delete
NAME LEGGETT, NINA
STREET ADDRESS 14 ASTON CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
000000395384
01/26/06-80048-021 150.00

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

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
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: *Nina G. Leggett* **NINA G. LEGGETT** **1-19-06** **386-673-055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #