


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # J93317</b> 1. Entity Name <b>CUSTOM BUILT DOCKS INCORPORATED</b>	
--	---

Principal Place of Business <b>% NINA LEGGETT 14 ASTON CIRCLE ORMOND BEACH, FL 32174</b>	Mailing Address <b>% NINA LEGGETT 14 ASTON CIRCLE ORMOND BEACH, FL 32174</b>
---	---



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2845095</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEGGETT, NINA 14 ASTON CIRCLE ORMOND BEACH, FL 32174</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGGETT, GARY 14 ASTON CIRCLE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEGGETT, GARY 14 ASTON CIRCLE ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEGGETT, DEAN 14 LAKEVIEW CIRCLE ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, SHAWN 1144 WOODSIDE DR HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEGGETT, NINA 14 ASTON CIRCLE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000781530  
01/15/08-80039-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 1-7-08 386-673-0550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #