


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90027 005 ***538.75

DOCUMENT # L05000031314	
1. Entity Name CUSTOM TRIM & CABINETRY, LLC	

Principal Place of Business 14420 CREEK LANE SOUTHPORT FL 32409 US	Mailing Address 14420 CREEK LANE SOUTHPORT FL 32409 US
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2. Principal Place of Business - No P.O. Box # 221 14th St.	3. Mailing Address 221 14th St.
Suite, Apt. #, etc. Panama City Bch, Fl.	Suite, Apt. #, etc. Panama City Bch, Fl.
City & State 32413 Bay	City & State 32413 Bay
Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-2778603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, CHRISTOPHER L 14420 CREEK LANE SOUTHPORT FL 32409	
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 *Christopher L. Brooks* DATE 8-17-08

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROOKS, CHRISTOPHER L 14420 CREEK LANE SOUTHPORT FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mGRm Brooks, Christopher L 221 14th St. Panama City Beach, Fl. 32413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Christopher L. Brooks* DATE 8-17-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE