## 2906 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 20, 2006 08:00 AM

					_	- Secre	tary of State
DOCUMENT # L37797  1. Entity Name CUSTOM ONLY CONSTRUCTION, INC.							
						i i	
Principal Pla	ce of Business	Aailing Address		} }	}	1	
460 SW 54 FORT LAUDI		% Christian Mägro 1120 Branch Road			{		
}		YORK, SC 29745	•	; }		 	ES BURNO BURNO ROBON ROBON BURNO BURNO BURNO NO VERRO.
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} <b>%</b>	O NOT WALLE !	N INIO SPA	CE	1	4. FEI Numbe 65-019		Applied For Not Applicab
<b>{</b>				:	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	5. Name and Address of Current Regi	stered Agent	Ţ	<del></del>		_ <del>-</del>	
	CHRISTIAN				DO	NOT W	RITE
8261 NW 12 ST PEMBROKE PINES, FL 33024					IN THIS SPACE		
}				•	114 1	1110 01	ACL
	named entity submits this statement for the	purpose of changing its register	red office or n	egister	ed agent, or both	n, in the State of Fig	orlda. I am familiar with, and accep
the obligations of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable INDTE Registers	ed Agent signature	reguired	when reinstating)	<u> </u>	DATE
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		<b>\$5.</b> Adde	00 May Be ed to Fees		
10.	OFFICERS AND DIRE	CTORS (		<u>- : </u>		<del></del>	<u></u>
TITLE NAME	MAGRO, CHRISTIAN	-		. –			
STREET ADDRESS CVTY-ST-ZIP	1120 BRANCH ROAD YORK, SC 29745	,	•			Donnar	)522078
TITLE	10111,00 20170		1				-80016-010 150.00
NAME STREET ADDRESS			1				
CITY-ST-ZIP			j				
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STREET ADDRESS			f		DO :	NOT W	DITE
CITY-ST-ZIP	: 		1		_		
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STREET ADDRESS CITY-ST-ZIP			1			:	
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TITLE NAME			1				
STREET ADDRESS	11		<b>{</b>			•	
12. I hareby or	ertify that the information surflibribling this F	ing does not available for the eve	emplione con	ainert i	n Chapter 110	Florida Statutos 1 6	wither certify that the information
indicated of the corp changed,	artify that the information surplied with this fi on this report or supplemental people is true a soration or the received or tugged empowered or on an attachment with the address, with all	nd accurate and that my signat to execute this report as require other like empowered.	ure shall have red by Chapte	the sa er 607.	me legal effect a Florida Statutes;	as if made under or and that my name	ath; that I am an officer or director appears in Block 10 or Block 11 if
SIGNATURE: CHIEGIAN MAGIES 4.1406 803.371.0914							

SUDNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE: \_