2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # L79972 1. Entity Name 02-27-2006 90087 026 ***158.75 CUSTOM PATIO PRODUCTS, INC. Principal Place of Business 7150 PARK BLVD. PINELLAS PARK FL 33781 7150 PARK BLVD. PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3022059 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BLEVINS, MARY JOYCE** Street Address (P.O. Box Number is Not Acceptable) 7690 64TH ST N. PINELLAS PARK FL 33781 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 fregistered agent. d agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Treasuren/Consultant RALPH E. BLEVINS >690 64TL ST. N. Delete TITLE TITLE BLEVINS, RALPH NAME NAME STREET ADDRESS STREET ADDRESS 7690 64TH N PINELLYS PANK, FLA, 33781 President/Director BLEVINS, MARY Soyce 7690 64 Th ST. N. PINELLYS PARK, FLA, 33781 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Delete ☐ Addition BLEVINS, MARY JOYCE NAME STREET ADDRESS STREET ADDRESS 7690 64TH STREET N CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP ☐ Delete TITLE NAME DEAL, JASON_ STREET ADDRESS STREET ADDRESS 7150 PARK BLVD. CITY-ST-7IP CITY-ST-ZIP PINELLAS PARK FL 33781 ■ Addition Detete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 employee of the 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.

if changed, or on an attachn

SIGNATURE:

FILED