


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000024038		
1. Entity Name THE CUSTOM CONTRACTING CORPORATION		

Principal Place of Business 25540 STATE ROAD 46 SORRENTO, FL 32776	Mailing Address P.O. BOX 970 SORRENTO, FL 32776
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2. Principal Place of Business 24540 State Road 46	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sorrento, Florida	City & State
Zip 32776	Country U.S.

6. Name and Address of Current Registered Agent BRANDA, DONNA R 25541 STATE ROAD 46 SUITE 3 SORRENTO, FL 32776		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24540 State Road 46 City Sorrento FL Zip Code 32776	
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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 \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSDT BRANDA, DONNA R 25541 STATE ROAD 46, SUITE 3 SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24540 State Road 46 Sorrento, Florida 32776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRANDA, JERRY M 25541 STATE ROAD 46, SUITE 3 SORRENTO, FL 32776 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200079730412 09/12/06--01063--006 \$70.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBINSON, LINDA 25541 STATE ROAD 46, SUITE 3 SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 24540 State Road 46 Sorrento, Florida 32776
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
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

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: Donna R. Branda, PRES. 8/31/06 352-383-3003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
06 SEP -5 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08302006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3635661	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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