07/10/2008 00:22 9413785525 RANCOURT

FILED
Jul 14, 2008 8:00 am
Secretary of State
07-14-2008 90029 040 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000100523

1. Entity Name
A & B CUSTOM TEES, INC.

Principal Place of Business	Mailing Address
8201 SOUTH TAMIAMI TRAIL SARASOTA, FL 34238	~~7632 ULNA WAY~~ 5948 MARIPOSA LN. SARASOTA, FL 34238

07102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	5948 MARIPOSA LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SARASOTA FL.
Zip / Country	Zip: 34238 / Country: USA

4. FEI Number: 65-1151000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, STEPHEN
~~7632 ULNA WAY~~ 5948 MARIPOSA LN.
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name: LEE, STEPHEN
Street Address (P.O. Box Number Is Not Acceptable): 5948 MARIPOSA LN.
City: SARASOTA FL Zip Code: 34238

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: [signature] DATE: 7/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEE, BELINDA M	NAME	
STREET ADDRESS	~~7632 ULNA WAY~~ 5948 MARIPOSA LN.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 7/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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