Jun-05-06 02:40P Douglas F Edwards CPA PA 8

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Jun 08, 2006 8:00 am
Secretary of State
06-08-2006 90001 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000122420

1. Entity Name
CUSTOM CREATIONS & DESIGN, INC.

40095009

Principal Place of Business
29040 RIVERGATE RUN
WESLLY CHAPEL, FL 33543

Mailing Address
29040 RIVERGATE RUN
WESLEY CHAPEL, FL 33543

06052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

4. FEI Number
04-3593364
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HUTCHINSON, JIM
29040 RIVERGATE RUN
WESLEY CHAPEL, FL 33543

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 hereby accept the obligations of registered agent.

SIGNATURE ____ Date

FILE NOW!! FEE IS $150.00
Due by September 6, 2006

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

TITLE	P	☐ Delete
NAME	HUTCHINSON, JIM	
STREET ADDRESS	29040 RIVERGATE RUN	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	D	☐ Delete
NAME	HUTCHINSON, ANNA M	
STREET ADDRESS	29040 RIVERGATE RUN	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2006

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental information 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 is in an attachment with an addition with all other like improprieties.

SIGNATURE: X Jim Hutchinson X 6-5-06 X 813 997-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone